

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V49890

**Entity Name:** L2 STUDIOS, INC.

**Current Principal Place of Business:**

109 E. CHURCH ST.  
150  
ORLANDO, FL 32801

**Current Mailing Address:**

109 E. CHURCH ST.  
150  
ORLANDO, FL 32801 US

**FEI Number:** 59-3140272

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BROWN, KIMBERLY  
109 EAST CHURCH STREET  
STE 150  
ORLANDO, FL 32801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           LEMONS, TIMOTHY J  
Address        244 WHITTIER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title           DIRECTOR, TREASURER,  
SECRETARY  
Name           WILSON, RICHARD L  
Address        1400 BERWYN ROAD  
City-State-Zip: ORLANDO FL 32806

Title           VP  
Name           KNEZEVIC, GORAN  
Address        467 LAURENBURG LANE  
City-State-Zip: OCOEE FL 34761

Title           DIRECTOR, VP  
Name           LEMONS, DEBRA  
Address        244 WHITTIER CIR  
City-State-Zip: ORLANDO FL 32806

Title           DIRECTOR, VP  
Name           HAGOOD, THOMAS L  
Address        2105 TURNBERRY DR  
City-State-Zip: OVIEDO FL 32765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY LEMONS

**PRESIDENT**

**04/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date