

**2020 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:**

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

Title D  
Name WILSON, RICHARD  
Address 1400 BERWYN RD  
City-State-Zip: ORLANDO FL 32806

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

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

Title V  
Name HAGOOD, THOMAS  
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 J. LEMONS

**PRESIDENT**

**04/23/2020**

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

\_\_\_\_\_  
Date