| 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and |
| that my name appears above, or on an attachment with all other like empowered. |

SIGNATURE: JONATHAN MCCARTER

Electronic Signature of Signing Authorized Person(s) Detail

| Authorized i erson(s) Detail. | | | | | | | |
|-------------------------------|------------------------|-----------------|------------------------|--|--|--|--|
| Title | MANAGER | Title | MANAGER | | | | |
| Name | MCCARTER, JONATHAN | Name | VALENTIN, LIA M | | | | |
| Address | 4434 8TH AVE N | Address | 4434 8TH AVE N | | | | |
| City-State-Zip: | ST PETERSBURG FL 33713 | City-State-Zip: | ST PETERSBURG FL 33713 | | | | |

MCCARTER, JONATHAN 11100 66TH STREET N

LARGO, FL 33773 US

SUITE #31

4434 8TH AVE N

Name and Address of Current Registered Agent:

ST PETERSBURG, FL 33713 US

FEI Number: 46-3363519

DOCUMENT# L13000084408

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE VIBE STUDIOS, LLC

Current Principal Place of Business:

1110066TH STREET SUITE 31 LARGO, FL 33773

Current Mailing Address:

OWNER

01/20/2019

| FILED | | | | | |
|---------------------------|--|--|--|--|--|
| Jan 20, 2019 | | | | | |
| Secretary of State | | | | | |
| 0505110128CC | | | | | |

Certificate of Status Desired: Yes

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 | JONATHAN MCCARTER | | | 01/20/2019 | |
|-------------------------------|--|-----------------|------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MANAGER | Title | MANAGER | | |
| Name | MCCARTER, JONATHAN | Name | VALENTIN, LIA M | | |
| Address | 4434 8TH AVE N | Address | 4434 8TH AVE N | | |
| Citv-State-Zip: | ST PETERSBURG FL 33713 | City-State-Zip: | ST PETERSBURG FL 33713 | | |