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. 04/11/2019

SIGNATURE: DONALD E CHAMBLIN

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 1109 OKEECHOBEE RD

DOCUMENT# L14000122333

WEST PALM BEACH. FL 33401

FEI Number: 47-1598847

1109 OKEECHOBEE RD WEST PALM BEACH. FL 33401

Name and Address of Current Registered Agent:

Entity Name: DC REHEARSAL STUDIOS, LLC

Current Principal Place of Business:

CHAMBLIN, DONALD E 15247 62ND PL N LOXAHATCHEE, FL 33470 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CHAMBLIN, DONALD E	Name	CHAMBLIN, DEBRA K
Address	15247 62ND PL N	Address	15247 62ND PL N
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

OWNER

Certificate of Status Desired: No

Date

Date