

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H21965

Entity Name: STUDIO 8, INC.

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4927 LYFORD CAY ROAD  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4927 LYFORD CAY ROAD  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 59-2447192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JASSY, KAREN  
1901 S. OAKMONT ST.  
TAMPA, FL 33629 US

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

JASSY, KAREN  
4927 LYFORD CAY ROAD  
TAMPA, FL 33629 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

03/06/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JASSY, KAREN KELLY  
Address: 1901 S. OAKMONT ST.  
City-St-Zip: TAMPA, FL 33629

Title: ST  
Name: JASSY, KAREN KELLY  
Address: 1901 S. OAKMONT ST.  
City-St-Zip: TAMPA, FL 33629

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: KAREN KELLY JASSY

PRES

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date