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FILED
May 29, 2002 8:00 am
Secretary of State
04-30-2002 90107 020 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017310

1. Entity Name

Cyber Studios, LLC

86650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6823 NW 218th Street	6823 NW 218th Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Alachua, FL	City & State: Alachua, FL
Zip: 32615 Country: USA	Zip: 32615 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0561402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Heuss

Street Address (P.O. Box Number is Not Acceptable): 6823 NW 218th Street

City: Alachua **FL** Zip Code: 32615

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: Principal NAME: Michael Heuss STREET ADDRESS: 6823 NW 218th Street CITY-ST-ZIP: Alachua, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Principal NAME: Constance Heuss STREET ADDRESS: 6823 NW 218th Street CITY-ST-ZIP: Alachua, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE