

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001537

Entity Name: CONCEPT STUDIOS LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

611 NORTH FRANKLIN STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

611 NORTH FRANKLIN STREET
TAMPA, FL 33602

New Mailing Address:

FEI Number: 01-0591059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADAMS, DAVID ESQ.
1925 EAST 2ND AVENUE
TAMPA, FL 33605 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, EDWARD A III
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: CLARO, JORGE H
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: HEALY, ROBERT W
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: STOREY, BRENDA
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: CHRISTOPHER, BOWERS
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT W. HEALY

MGRM

05/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date