


**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90005 013 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000012254**

1. Entity Name  
**MY STUDIO, LLC**



Principal Place of Business      Mailing Address

**7 TOWN CENTER LOOP  
 SUITE C-16  
 SANTA ROSA BEACH FL 32459**

**POST OFFICE BOX 1616  
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**73-1642521**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARDEN, STAN M ESQ.  
 7 TOWN CENTER LOOP  
 SUITE C-15  
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name: **STEVEN D. PETERSON**

Street Address (P.O. Box Number is Not Acceptable):  
**7 TOWN CENTER LOOP  
 SUITE C-16**

City: **SANTA ROSA BEACH FL**      Zip Code: **32459**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE:       DATE: **1/9/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<del>OWNER</del>	<del>MANAGING MEMBER</del>	<del>STEVEN D. PETERSON</del>	<del>7 TOWN CENTER LOOP C16</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>OWNER</del>	<del>MANAGING MEMBER</del>	<del>KAREN L. PETERSON</del>	<del>7 TOWN CENTER LOOP C16</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (10/02)

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: **2/10/03**      DAYTIME PHONE: **850-267-7429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE