## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L03000017381** 04-26-2004 90038 044 \*\*\*\*50 00 **BLANK STUDIO LLC** Principal Place of Business Mailing Address 264 FALLEN PALM DRIVE **264 FALLEN PALM DRIVE ሬ**ዷህህህህ ~ -CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US US 2. Principal Place of Business 3. Mailing Address 252 SAXONY 252 SAXONY COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number SPRINGS JINTER *20-0*583958 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 1191 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODOM, MARK W Street Address (P.O. Box Number is Not Acceptable) 264 FALLEN PALM DRIVE CASSELBERRY, FL 32707 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MARM Addition ☐ Change TITLE Delete TITI F NAME NAME JULIE ODOM 252 SAXONY COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP 32708 JINTER SPRINGS FL ☐ Change Addition TITLE ☐ Delete TITLE MGRM MARK DODM NAME NAME STREET ADDRESS STREET ADORESS 252 SAXONY COURT WINTER SPRINGS F CITY-ST-ZIP CITY-ST-ZIP 327*0*8 TITLE ☐ Delete TITLE ☐ Change Addition NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 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. 467.388.1638 BER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**FILED**