2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State
07-29-2004 90144 027 ****50.00

DOCUMENT # L03000025729

1. Entity Name
ELW STUDIOS, LLC

34010129

07142004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
121 WEST FORSYTH ST., STE. 200 JACKSONVILLE, FL 32202	200 LAURA ST. JACKSONVILLE, FL 32202

2. Principal Place of Business	3. Mailing Address
4333 APPLETON AVE	4333 APPLETON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32210 Country: US	Zip: 32210 Country: US

4. FEI Number: 01-6230016 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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] 7/26/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: Secretary/Treasurer NAME: DORIS W. LOOP STREET ADDRESS: 3805 BETTS CIRCLE CITY-ST-ZIP: JACKSONVILLE, FLA. 32210	☐ Delete 7/15/04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Vice President NAME: ANNE R. EDGERTON STREET ADDRESS: 4038 ORTEGA FOREST DR. CITY-ST-ZIP: JACKSONVILLE, FLA. 32210	☐ Delete 7/15/04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: President NAME: CECELIA W. WEIBEL STREET ADDRESS: 4175 VENETIA BLVD. 7/15/04 CITY-ST-ZIP: JACKSONVILLE, FLA. 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 7/26/04 904 387-0229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #