2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# L03000025729

Entity Name: ELW STUDIOS, LLC

Current Principal Place of Business:

4333 APPLETON AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4333 APPLETON AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 01-6230016 **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:

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

Name and Address of New Registered Agent:

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: ST ( ) Delete
Name: LOOP, DORIS W
Address: 3805 BETTES CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete
Name: EDGERTON, ANNE R
Address: 4038 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: WERBER, CECELIA W
Address: 4175 VENETIA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: DORIS W LOOP ST 05/23/2007

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