


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90085 034 ****50.00

DOCUMENT # L03000033574	
1. Entity Name STUDIO U, LLC	

Principal Place of Business 14907 WARD ROAD ORLANDO, FL 32824	Mailing Address 14907 WARD ROAD ORLANDO, FL 32824
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24061467



2. Principal Place of Business 445 Hightower Drive Suite, Apt. #, etc.	3. Mailing Address 445 Hightower Drive Suite, Apt. #, etc.
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04232004 Chg-LLC CR2E083 (10/03)

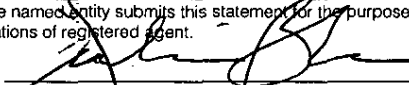
City & State DeBary, FL	City & State DeBary, FL
Zip 32713	Country USA

4. FEI Number 20-0172044	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BLAM, JULIANN 14907 WARD ROAD ORLANDO, FL 32824	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name JuliAnn Blam	
Street Address (P.O. Box Number is Not Acceptable) 445 Hightower Drive	
City DeBary	FL Zip Code 32713

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 04.29.2004

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Bradley Reifler 123 Foreign Hill Rd. Millbrook, NY 12545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 04.29.2004 DAYTIME PHONE: 212-259-2462