

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033574

FILED  
Jun 25, 2004  
Secretary of State

Entity Name: STUDIO U, LLC

**Current Principal Place of Business:**

445 HIGHTOWER DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

445 HIGHTOWER DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 20-0172044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLAM, JULIANN  
445 HIGHTOWER DRIVE  
DEBARY, FL 32713

**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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: REIFLER, BRADLEY  
Address: 123 FRALEIGH HILL RD  
City-St-Zip: MILLBROOK, NY 12545

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REIFLER, BRADLEY  
Address: 123 FRALEIGH HILL RD  
City-St-Zip: MILLBROOK, NY 12545

Title: MGRM ( ) Change (X) Addition  
Name: BLAM, JULIANN  
Address: 445 HIGHTOWER DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Change (X) Addition  
Name: PALLEY, STEVE  
Address: 45 EAST END #20D  
City-St-Zip: NEW YORK, NY 10028

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRADLEY REIFLER

MGRM

06/25/2004

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