


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90028 003 \*\*\*\*50.00

<b>DOCUMENT # L03000034610</b>	
1. Entity Name <b>BRAZEL STUDIOS, LLC</b>	

Principal Place of Business <b>1022-5 ATLANTIC BLVD JACKSONVILLE, FL 32225</b>	Mailing Address <b>1022-5 ATLANTIC BLVD JACKSONVILLE, FL 32225</b>
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2. Principal Place of Business - No P.O. Box # <b>10230-5 ATLANTIC BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>10230-5 ATLANTIC BLVD</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>
Zip <b>32225</b>	Zip <b>32225</b>
Country	Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-7330484</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BRAZELL, RICKY 11329 ASTON HALL DRIVE JACKSONVILLE, FL 32246</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRAZELL, RICKY 11329 ASHTON HALL DR. JACKSONVILLE, FL 32246 <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 exemptions contained in Chapter 119, 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:** Ricky A. Brazell 4-26-07 Ricky A. Brazell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #