

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90233 038 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 |                                                          |                                                                                                                                      |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000036580</b><br>1. Entity Name<br>NORTHSOUTH STUDIOS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                          |                                                     |                                                                   |
| Principal Place of Business<br>P.O. BOX 470<br>MICANOPY, FL 32667 US                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                 | Mailing Address<br>P.O. BOX 470<br>MICANOPY, FL 32667 US |                                                                                                                                      |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                |                                                                                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                 | City & State                                             |                                                                                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Country                         |                                                          | Zip                                                                                                                                  |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Country                         |                                                          | 4. FEI Number<br><b>59-3739421</b>                                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                 |                                                          | Applied For<br>Not Applicable                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>OSTLAND, ELYSE J<br>202 NW 5TH ST.<br>MICANOPY, FL 32667                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 |                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                 |                                                          |                                                                                                                                      |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                 |                                                          | <b>Make check payable to<br/>Florida Department of State</b>                                                                         |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                 | <b>10. ADDITIONS/CHANGES</b>                             |                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>OSTLAND, ELYSE J<br>202 NW 5TH ST.<br>MICANOPY, FL 32667    | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>WILLIAMS, MARSHALL E<br>202 NW 5TH ST<br>MICANOPY, FL 32667 | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                     |                                 |                                                          |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:</b> <u>Marshall E. Williams</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                 |                                                          | 7/15/04 (352) 466-9296<br><small>Date Daytime Phone #</small>                                                                        |                                                                   |