2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

L03000036580

1. Entity Name
NORTHSOUTH STUDIOS, LLC

Principal Place of Business	Mailing Address
P.O. BOX 470 MICANOPY, FL 32667 US	P.O. BOX 470 MICANOPY, FL 32667 US

012420050

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739421
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00**

6. Name and Address of Current Registered Agent

OSTLAND, ELYSE J
202 NW 5TH ST.
MICANOPY, FL 32667

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OSTLAND, ELYSE J
STREET ADDRESS	202 NW 5TH ST.
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	MGRM
NAME	WILLIAMS, MARSHALL E
STREET ADDRESS	202 NW 5TH ST
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

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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: _____ 1/24/05 (352)466-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #