2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L03000036580

Entity Name: NORTHSOUTH STUDIOS, LLC

Current Principal Place of Business:

P.O. BOX 470
MICANOPY, FL 32667 US

New Principal Place of Business:

202 NW 5TH ST
MICANOPY, FL 32667 US

Current Mailing Address:

P.O. BOX 470
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-3739421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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/MANAGERS:

Title: MGRM ( ) Delete
Name: OSTLAND, ELYSE J
Address: 202 NW 5TH ST.
City-St-Zip: MICANOPY, FL 32667 US

Title: MGRM ( ) Delete
Name: HOWELL, MARSHALL E
Address: 202 NW 5TH ST
City-St-Zip: MICANOPY, FL 32667 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARSHALL E HOWELL MGRM 01/11/2008

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