

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90027 021 \*\*\*\*50.00

<b>DOCUMENT # L04000071759</b>					
<b>1. Entity Name</b> TECHTREND STUDIOS LLC					
<b>Principal Place of Business</b> 808 HIGHLAND AVE SUITE #6 ORLANDO, FL 32803 US			<b>Mailing Address</b> 808 HIGHLAND AVE SUITE #6 ORLANDO, FL 32803 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 56-2483544	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GROSENKEMPER, JOSEPH L 808 HIGHLAND AVE. SUITE#6 ORLANDO, FL FL				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>FL</b> <b>Zip Code</b>	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GROSENKEMPER, JOSEPH L 808 HIGHLAND AVE, SUITE#6 ORLANDO, FL 32803	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GROSENKEMPER, JENIFER S 808 HIGHLAND AVE. SUITE#6 ORLANDO, FL 32803	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM COLVANO, THOMAS C JR. 808 HIGHLAND AVE SUITE#6 ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR GROSENKEMPER, JOSEPH M 808 HIGHLAND AVE SUITE#6 ORLANDO, FL 32803	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR GROSENKEMPER, LUCY E 307 MANCHESTER AVE. MEDIA, PA 19063	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR GROSENKEMPER, ALLISON L 307 MANCHESTER AVE MEDIA, PA 19063	<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> _____ <b>JOSEPH L GROSENKEMPER</b> 4/10/05 407 481 0426					