

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040630

FILED  
May 01, 2009  
Secretary of State

Entity Name: STUDIO ONE - DOLPHIN, LLC

**Current Principal Place of Business:**

11401 NW 12TH STREET  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

14149 WESTFAIR EAST DRIVE  
HOUSTON, TX 77041

**New Mailing Address:**

FEI Number: 81-0670896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICHOLS, JIM  
13945 NW 22ND CT  
PEMBROKE PINES, FL 330282826 US

**Name and Address of New Registered Agent:**

EVELETH, BOB  
11401 NW 12TH STREET  
MIAMI, FL 33172 US

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: BOB EVELETH

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STUDIO MANAGEMENT, INC.  
Address: 14149 WESTFAIR EAST DRIVE  
City-St-Zip: HOUSTON, TX 77041

Title: MGRM (X) Delete  
Name: NICHOLS, JAMES  
Address: 13945 NW 22ND CT  
City-St-Zip: PEMBROKE PINES, FL 330282826 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: BOB EVELETH

MGRM

05/01/2009

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