


**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90038 041 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|  |                   |                                 |   |   |   |
|--|-------------------|---------------------------------|---|---|---|
| <b>DOCUMENT # L05000072459</b>   |                   |                                 |   |  |   |
| 1. Entity Name<br>REEL TO REEL RECORDING STUDIO, LLC   |                   |                                 |   |   |   |
| Principal Place of Business<br>970 E. LAKE DRIVE<br>BARTOW, FL 33830 US  |                   |                                 | Mailing Address<br>970 E. LAKE DRIVE<br>BARTOW, FL 33830 US |   |   |
| 2. Principal Place of Business   |                   |                                 | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.  |                   |                                 | Suite, Apt. #, etc.   |   |   |
| City & State   |                   |                                 | City & State  |   |   |
| Zip  |                   | Country                         | Zip   |   | Country   |
| 6. Name and Address of Current Registered Agent  |                   |                                 |   | 7. Name and Address of New Registered Agent                                       |   |
| WARREN, STANLEY T<br>970 E. LAKE DRIVE<br>BARTOW, FL 33830   |                   |                                 |   | Name  |   |
|  |                   |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|  |                   |                                 |   | City  |   |
|  |                   |                                 |   | FL  | 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 _____  |                   |                                 |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                   |                                 | Make check payable to<br>Florida Department of State        |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |                   |                                 |   | 10. ADDITIONS/CHANGES   |   |
| TITLE  | MGRM              | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WARREN, STANLEY T |                                 |   | NAME  |   |
| STREET ADDRESS   | 970 E. LAKE DRIVE |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | BARTOW, FL 33830  |                                 |   | CITY-ST-ZIP   |   |
| TITLE  |                   | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                   |                                 |   | NAME  |   |
| STREET ADDRESS   |                   |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                   |                                 |   | CITY-ST-ZIP   |   |
| TITLE  |                   | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                   |                                 |   | NAME  |   |
| STREET ADDRESS   |                   |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                   |                                 |   | CITY-ST-ZIP   |   |
| TITLE  |                   | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                   |                                 |   | NAME  |   |
| STREET ADDRESS   |                   |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                   |                                 |   | CITY-ST-ZIP   |   |
| TITLE  |                   | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                   |                                 |   | NAME  |   |
| STREET ADDRESS   |                   |                                 |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                   |                                 |   | CITY-ST-ZIP   |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Stanley T. Warren</i>  |                   | 1/9/06                          |   | 863-533-4650  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |                   |                                 |   |   |   |