

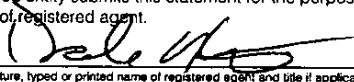



FILED
Apr 17, 2006 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # L05000077478				Secretary of State	
1. Entity Name RUBBER ROOM STUDIOS LLC		04-17-2006 90041 042 ****50.00			
Principal Place of Business 1969 S. ALAFAYA TRAIL SUITE 354 ORLANDO, FL 32828		Mailing Address 1969 S. ALAFAYA TRAIL SUITE 354 ORLANDO, FL 32828			
2. Principal Place of Business		3. Mailing Address		04062006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-3273648	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALL BUSINESS RESOURCES USA, INC. 773 S. KIRKMAN RD. SUITE 118 ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name DALE KITCHEN Street Address (P.O. Box Number is Not Acceptable) 1969 S. ALAFAYA TRAIL, # 354 City ORLANDO FL Zip Code 32828	
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 April 9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KITCHEN, DALE K 1969 S. ALAFAYA TRAIL, # 354 ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Dale Kitchen 04/09/06 815-341-5929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					