

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110677

FILED  
May 02, 2006  
Secretary of State

Entity Name: STUDIO FIVE INTERACTIVE LLC

## Current Principal Place of Business:

17011 NORTH BAY RD.  
219  
SUNNY ISLES BEACH, FL 33160 US

## New Principal Place of Business:

## Current Mailing Address:

17011 NORTH BAY RD.  
219  
SUNNY ISLES BEACH, FL 33160 US

## New Mailing Address:

FEI Number: 86-1151376 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:

WILLIAMS, HASAN A  
12234 WASHINGTON ST  
PEMBROKE PINES, FL 33025 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: MGR ( ) Delete  
Name: WILLIAMS, HASAN A  
Address: 12234 WASHINGTON ST  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGR ( ) Delete  
Name: NAZARIO, RICHARD  
Address: 17011 NORTH BAY RD.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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 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: HASAN A. WILLIAMS

MGR

05/02/2006

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