2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNOAL REPORT						<u></u>				
DOCUMENT #L06000003110						Š	الساسية			
1. Entity Name BAY ARE	e A STUDIOS, LLC					2007 DEC	II AMII	: 45		
Principal Place of Business Mailing Address			1			SECRET	ARY OF ST ASSEE, FLO	ATE.		
510 3RD ST NORTH, #4 510 3RD ST NORTH, #					IALLAHA	ASSEE, FLO	RIDA	1		
ST PETERSBURG, FL 33701 ST PETERSBURG, FL 3370		701								
		1								
			ret Novi	h			HE MUNITURA DESCRIPTION DE LA CONTRACTOR D		RI III. (BBI	
#4	#, etc.	Suite, Apt. #, etc. ゴイ			12032007	Chg-LLC	CR2E083 (12	2/06)		
St. Pete		St. Petersburg F	Ę		4. FEI Numbe APPLIEI		-		Applicable	
^{Zip} 35701	Country	Zip	Country).		5. Certificate of	of Status Desired		0 Addit		
<u> </u>	6. Name and Address of Current F	3570 Registered Agent	<u>U'51+</u>			Address of New R		squirea		
INCORP SERVICES, INC.					,					
INCORP SERVICES, INC. 17888 67TH CT NORTH			Street	Street Address (P.O. Box Number is Not Acceptable)						
LOXAHATCHEE, FL 33470										
			City				FL Zi	p Code		
	named entity submits this statement for	the purpose of changing its re	gistered office	or register	ed agent, or both	n, in the State of Flo		r with, a	and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$50.00					****		te check payabl a Department of			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS		7 4.		
TITLE NAME	MGR ADAMS, HERMAN G JR	Delete	TITLE NAME	We		,	□ CI		Addition	
STREET ADDRESS	2002 1ST STREET S.E.		STREET ADDRESS	160	ie rick	Young re so, st.	الم 20 مرائدوليا	13	2707	
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP	5301	9"" H	יוני יטני שא				
TITLE NAME	MGR CONEY, MELANIË T	🔀 Delete	TITLE NAME		e—.	anna ann an an an an		•	Addition	
STREET ADDRESS	2526 67TH AVE SOUTH		STREET ADDRESS		12.70	DD112 6/07010	1iii *	. 50.	.00	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712		CITY-ST-ZIP	 						
TITLE NAME	MGRM HARDWICK, MONICA	☐ Delete	TITLE NAME				□ CI	nange	☐ Addition	
STREET ADDRESS	510 3RD STREET NORTH APT #	4	STREET ADDRESS							
CITY-ST-ZIP	ST PETERSBURG, FL 33701	□ Delete	CITY-ST-ZIP	-			Πc	hange	Addition	
NAME		□ Delete	NAME				<u></u>	Lingo		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	1				hange	Addition	
NAME OTTOTT ADODESS			NAME CTREET ADOPESE	.			_			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	`		/	$\boldsymbol{\gamma}$	1		
TITLE		☐ Delete	TITLE		•		A A	- III	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			()	ソハハ	1		
CITY-ST-ZIP			CITY-ST-ZIP	`			ノ \ひ			
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: MOTIOU D. HONDWILL, Manhor 11-14-07 7-37-565-5509 BIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGEN MANAGER OR AUTHORIZED REPRESENTATIVE Date Departe Proces										