

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034280

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: STUDIO-K PRODUCTIONS LLC

**Current Principal Place of Business:**

2522 SW 180TH AVENUE  
MIRAMAR, FL 3029-5191 US

**New Principal Place of Business:**

2522 SW 180TH AVENUE  
MIRAMAR, FL 33029 US

**Current Mailing Address:**

2522 SW 180TH AVENUE  
MIRAMAR, FL 3029-5191 US

**New Mailing Address:**

2522 SW 180TH AVENUE  
MIRAMAR, FL 33029 US

FEI Number: 26-0813423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 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: P ( ) Delete  
Name: CATALANO, DR. CARL  
Address: 2522 SW 180TH AVENUE  
City-St-Zip: MIRAMAR, FL 3029-5191

Title: D (X) Delete  
Name: CATALANO, DR. CARL  
Address: 2522 SW 180TH AVENUE  
City-St-Zip: MIRAMAR, FL 3029-5191

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CATALANO, DR. CARL  
Address: 2522 SW 180TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029

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: CARL P. CATALANO

MGRM

04/28/2008

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