2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037972

Entity Name: CROSSROADS PRODUCTION STUDIO, LLC

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

458 WEKIVA PRESERVE DRIVE 151 SPANISH OAK LANE APOPKA, FL 32712 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

458 WEKIVA PRESERVE DRIVE P.O. BOX 4190 APOPKA, FL 32712 POPKA, FL 32704

FEI Number: 20-4683268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SYLVAIN, SAMERSON SYLVAIN, SAMERSON M 458 WEKIVA PRESERVE 151 SPANISH OAK LANE APOPKA, FL 32712 US APOPKA, FL 32703 US

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: SAMERSON SYLVAIN 04/17/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SYLVAIN, VALENSKY
 Name:

 Address:
 458 WEKIVA PRESERVE DRIVE
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BEN EVI, ADAM
 Name:
 SYLVAIN, SAMERSON

 Address:
 759 LITTLE WEKIVA CIRCLE
 Address:
 151 SPANISH OAK LANE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 APOPKA, FL 32703

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SYLVAIN, SAMERSON Name: BEN-EVI, ADAM

Address: 458 WEKIVA PRESERVE DRIVE Address: 759 LITTLE WEKIVA CIRCLE

City-St-Zip: APOPKA, FL 32712 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete Title: () Change () Addition Name: DUNSON, CHRISTOPHER Name:

 Name:
 DUNSON, CHRISTOPHER
 Name:

 Address:
 2515 HARRELL ROAD
 Address:

 City-St-Zip:
 ORLANDO, FL 32817
 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: SAMERSON SYLVAIN MGRM 04/17/2007