

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000048711

Entity Name: STUDIO UTBO, LLC

FILED
Oct 13, 2007
Secretary of State

Current Principal Place of Business:

4307 WOODLARK DRIVE
TAMPA, FL 33624

New Principal Place of Business:

4307 WOODLARK DRIVE
TAMPA, FL 33624 US

Current Mailing Address:

P.O. BOX 340036
TAMPA, FL 336940036

New Mailing Address:

P.O. BOX 340036
TAMPA, FL 33694 US

FEI Number: 76-0832214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CONTRERAS, NINA
1714 CASTLEWOOD LANE
PALM HARBOR, FL 34683 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: NINA CONTRERAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONTRERAS, NINA
Address: 1714 CASTLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: WOMELDURG, BRYCE E
Address: 4307 WOODLARK DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WOMELDURG, BRYCE E
Address: 4307 WOODLARK DRIVE
City-St-Zip: TAMPA, FL 33624

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: NINA CONTRERAS

MGR

10/13/2007

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