

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000056399

1. Entity Name  
BIG SHOT STUDIOS, LLC



Principal Place of Business

658 DOUGLAS AVENUE  
SUITE 1116-1120  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

658 DOUGLAS AVENUE  
SUITE 1116-1120  
ALTAMONTE SPRINGS, FL 32714 US

**DO NOT WRITE IN THIS SPACE**



08252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5013732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JASAITIS, ANTHONY G  
658 DOUGLAS AVENUE  
SUITE 1116-1120  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASAITIS, ANTHONY G 658 DOUGLAS AVE, SUITE 1116-1120 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, WILLIAM D 658 DOUGLAS AVE, SUITE 1116-1120 ALTAMONTE SPRINGS, FL 32714
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U000000958545  
08/29/08-80001-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Deryle Hughes*  
Deryle Hughes

8/26/08

Date

Daytime Phone #

407-7886431