

FILED
Jul 16, 2007 8:00 am
Secretary of State

4/30/1
43

04-30-2007 90070 024 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000064303			
1. Entity Name NEWSCAST STUDIO, LLC			
Principal Place of Business 922 N. LAKEWOOD AVE. OCFEE, FL 32761		Mailing Address 922 N. LAKEWOOD AVE. OCFEE, FL 32761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
City, Apt. #, etc.		City, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. State and Address of Current Registered Agent CORPORATION COMPANY OF FLORIDA 300 SOUTH ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801-6403		5. State and Address of New Registered Agent Name Street Address (P.O. Box number is Not Acceptable) City FL Zip Code	
6. The above named entity/individual has consented 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: 		DATE: _____	
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
7. ADDITIONAL INFORMATION		8. ADDITIONAL INFORMATION	
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None	NAME LAST FIRST MIDDLE CITY-STATE-ZIP	☐ None
11. I hereby certify that the information reported with this filing does not qualify for the exemption provided in Chapter 140, Florida Statutes. I further certify that the information provided on this report is true and accurate and I, the undersigned, 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 member or trustee designated to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 			

30011778



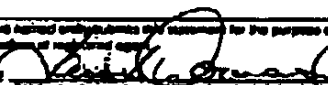
04062007 Cng-LAC CR2003 (12/03)

4. FRI Number
26-0265997Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Annual Fee WaiverFiling Fee is \$60.00
Due by May 1, 2007Make check payable to
Florida Department of State

CFO
James B. Dorman, Jr.
341 N. Mainland Ave., Ste 2050
Orlando, FL 32724

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90078-024-S90.06-S50.00

DOCUMENT # L06000064303 1. Only Name NEWSCAST STUDIO, LLC			
Principal Place of Business 922 N. LAKEWOOD AVE. OCOEE, FL 32761		Mailing Address 922 N. LAKEWOOD AVE. OCOEE, FL 32761	
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (JGM) ORLANDO, FL 32801-5403		5. Name and Address of Prior Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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.		7. Certificate of Status Due Date ☐ \$5.00 Additional Fee Required	
SIGNATURE 		8. Filing Fee to \$35.00 Due by May 4, 2007	
9. ADDITIONAL MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 any changes 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 member or trustee responsible to execute this report as required by Chapter 68B, Florida Statutes.			
SIGNATURE: 			

ATTACHMENT

30011778