06/27/2007 15:58 FAX

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Jul 16, 2007 8:00 am
Secretary of State

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

4/30/7
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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000064303

1. Entity Name
NEWSCAST STUDIO, LLC

30011778

Principal Place of Business
922 N. LAKEWOOD AVE.
OCOEE, FL 32761

Mailing Address
922 N. LAKEWOOD AVE.
OCOEE, FL 32761

04302007 Chg-LLC CR2E080 (12/06)

4. FEI Number: 26-0265997

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (JGH)
ORLANDO, FL 32801-5403

7. Name and Address of New Registered Agent

City: FL

SIGNATURE: [signature]

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

10. ADDITIONS/CHANGES

CFO
James B. Dorman, Jr.
341 N. Maitland Ave, Ste #350
Maitland, FL 32751

SIGNATURE: [signature]

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90078-024-$50.00-550.00

DOCUMENT # L06000064303

ATTACHMENT
30011778

1. Entity Name
NEWSCAST STUDIO, LLC

Principal Place of Business	Mailing Address
922 N. LAKEWOOD AVE. OCOEE, FL 32761	922 N. LAKEWOOD AVE. OCOEE, FL 32761

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282007 Chg-LLC CR2E083 (12/06)

4. FEI Number: Applied For — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801-5403	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: ______________________ [illegible] Date

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO James B. Dorman, Jr. 341 N. Maitland Ave., Ste #350 Maitland, FL 32751	[ ] Change	[X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change	[ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #