2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # L06000070360 1. Entity Name 04-15-2008 90117 030 ***138.75 MD STUDIO, LLC Principal Place of Business Mailing Address 4850 SW 72 AVE 4850 SW 72 AVE MIAMI, FL 33155 MIAMI, FL 33155 Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 04092008 CR2E083 (12/06) Cha-LLC 4. FEI Number Applied For & State 20-5243654 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CERVANTES, PAULINA 4850 SW 72 AVE MIAMI, FL 33155 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 Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Change ☐ Detete Addition MONTEGU, CRISTAIN NAME NAME 4850 SW 72 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33155 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ■ Addition Change CERVANTS, PAULINA NAME NAME STREET ADDRESS 4850 SW 72 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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