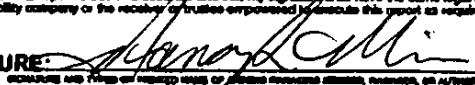


FILED
Apr 03, 2007 8:00 am
Secretary of State

01-29-2007 90147 010 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000103286			
1. Entity Name RNA STUDIOS, LLC			
Principal Place of Business 870 NW 64TH PLACE OCALA, FL 34475		Mailing Address 870 NW 64TH PLACE OCALA, FL 34475	
2. Principal Place of Business - No P.O. Box # 870 NW 64TH PLACE		3. Mailing Address 870 NW 64TH PLACE	
City & State OCALA, Florida		City & State OCALA, Florida	
Zip 34475		Country USA	
4. FEI Number 51-0614060		Applied For Not Applicable	
5. Certificate of Status Debited ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MINOR, NANCY L. 870 NW 64TH PLACE OCALA, FL 34475		7. Name and Address of Most Registered Agent 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  3/15/07 Signature, agent or person named in registered office and State representative (PRINT) Registered Agent signature required when corporation Date			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
I. MANAGING MEMBERS/MANAGERS		II. ADDITIONS/CHANGES	
101 NAME MINOR, NANCY L. STREET ADDRESS 870 NW 64TH PLACE CITY-STATE-ZIP OCALA, FL 34475	☐ Delete	101 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
102 NAME MINOR, RAYMOND L. STREET ADDRESS 870 NW 64TH PLACE CITY-STATE-ZIP OCALA, FL 34475	☐ Delete	102 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
103 NAME MINOR, ALEC R. STREET ADDRESS 870 NW 64TH PLACE CITY-STATE-ZIP OCALA, FL 34475	☐ Delete	103 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
104 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	104 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
105 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	105 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
106 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	106 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Address
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 806, Florida Statutes. SIGNATURE  3/29/07 (352)299-5174 Signature and Title of Person Named in Registered Office, Receiver, or Authorized Representative (PRINT) Date			