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	Mailing Address
870 NW 64TH PLACE OCALA, FL 34475	870 NW 64TH PLACE OCALA, FL 34475

01082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
870 NW 64th Place	870 NW 64th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34475 Country: USA	Zip: 34475 Country: USA

4. FEI Number: 51-0614060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 New 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: Nancy L Minor 3/19/07
Signature, typed or printed name of registered agent and title if applicable. (VOTE: Registered Agent signature required when reinstating) 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	MGR MINOR, NANCY L 870 NW 64TH PLACE OCALA, FL 34475 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MINOR, RAYMOND L 870 NW 64TH PLACE OCALA, FL 34475 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MINOR, ALEC R 870 NW 64TH PLACE OCALA, FL 34475 ☐ 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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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/typed 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 605, Florida Statutes.

SIGNATURE: Nancy L Minor 3/29/07 (352)299-5194
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #