

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033206

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** GYROSCOPE STUDIOS, LLC.

**Current Principal Place of Business:**

504 S. MELVILLE AVE.  
3  
TAMPA, FL 33606 US

**New Principal Place of Business:**

4205 N MYRTLE AVE  
TAMPA, FL 33603 US

**Current Mailing Address:**

504 S. MELVILLE AVE.  
3  
TAMPA, FL 33606 US

**New Mailing Address:**

4205 N MYRTLE AVE  
TAMPA, FL 33603 US

**FEI Number:** 20-8742037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHALER, KENNETH  
504 S MELVILLE AVE  
3  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

WHALER, KENNETH  
4205 N MYRTLE AVE  
TAMPA, FL 33603 US

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.

SIGNATURE: KENNETH WHALER

03/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHALER, KENNETH  
Address: 4205 N MYRTLE AVE  
City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH WHALER

MGRM

03/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date