

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041204

Entity Name: TALONART STUDIOS, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1428 SHADT ACRES LN.
APOPKA, FL 32703 US

New Principal Place of Business:

1428 SHADY ACRES LN.
APOPKA, FL 32703 US

Current Mailing Address:

1428 SHADT ACRES LN.
APOPKA, FL 32703 US

New Mailing Address:

1428 SHADY ACRES LN.
APOPKA, FL 32703 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, LAURIE J
5785 DELANO LN
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

WARD, LAURIE J
1428 SHADY ACRES LN.
APOPKA, FL 32703 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: LAURIE J. WARD

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARD, LAURIE J
Address: 5785 DELANO LN
City-St-Zip: ORLANDO, FL 32821 US

Title: MGRM (X) Delete
Name: WARD, TALON J
Address: 8220 GANDY WAY
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, LAURIE J
Address: 1428 SHADY ACRES LN.
City-St-Zip: APOPKA, FL 32703 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURIE J. WARD

MGR

05/01/2008

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