

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081592

Entity Name: ZIBITZ STUDIOZ,LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

5025 WELLINGTON PARK CIRCLE
B-67
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5025 WELLINGTON PARK CIRCLE
B-67
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 13-4363255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACDONALD, DENNIS F
5025 WELLINGTON CIRCLE
B-67
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

MACDONALD, SYLVANA B
5025 WELLINGTON CIRCLE
B-67
ORLANDO, FL 32839 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: SYLVANA B. MACDONALD

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACDONALD, DENNIS F
Address: 5025 WELLINGTON PARK CIRCLE B-67
City-St-Zip: ORLANDO, FL 32839 US

Title: MGRM (X) Delete
Name: MACDONALD, SYLVANA B
Address: 5025 WELLINGTON PARK CIRCLE B-67
City-St-Zip: ORLANDO, FL 32839 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACDONALD, SYLVANA B
Address: 5025 WELLINGTON PARK CIRCLE B-67
City-St-Zip: ORLANDO, FL 32839 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: SYLVANA B. MACDONALD

PRES

01/09/2008

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