2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L08000014779

Entity Name: THONOTOSASSA STUDIOS, LLC

Current Principal Place of Business:

12113 GROVEWOOD AVENUE
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

12113 GROVEWOOD AVENUE
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 30-0526333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

JACOBSON, PAMELA C OWNER
12113 GROVEWOOD AVENUE
THONOTOSASSA, FL 33592 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: PAMELA C. JACOBSON 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACOBSON, PAMELA C
Address: 12113 GROVEWOOD AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. (X) Change ( ) Addition
Name: JACOBSON, PAMELA C
Address: 12113 GROVEWOOD AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: MR. ( ) Change (X) Addition
Name: JACOBSON, JOEL J
Address: 12113 GROVEWOOD AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

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: PAMELA C. JACOBSON MS. 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date