2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L08000017525

Entity Name: DIAMOND VIEW STUDIOS LLC

Current Principal Place of Business:

TIM MOORE
22722 KILLINGTON BLVD
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

TIM MOORE
22722 KILLINGTON BLVD
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 26-2092425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, TIMOTHY
22722 KILLINGTON BLVD
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MOORE, TIM	
Address:	22722 KILLINGTON BLVD	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	P	( ) Delete
Name:	MOORE, TIM	
Address:	22722 KILLINGTON BLVD	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	MGR	( ) Delete
Name:	MOORE, MIKE	
Address:	4358 WHITNER DR	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	CFO	( ) Delete
Name:	MOORE, MIKE	
Address:	4358 WHITNER DR	
City-St-Zip:	LAND O LAKES, FL 34639	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	PATTON, BRAD	
Address:	2926 NETWORK PL. APT. 201	
City-St-Zip:	LUTZ, FL 33559	

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: TIM MOORE MGRM 01/14/2009

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