2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025204

Entity Name: BARTZ STUDIOS, LLC

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9603 SW 19TH AVE. GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 9603 SW 19TH AVE GAINESVILLE, FL 32607 FEI Number: 26-2242161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARTZ, SHARON R 9603 SW 19TH AVE GAINESVILLE, FL 32607 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete BARTZ, SHARON R Name: Name: Address: 9603 SW 19TH AVE. Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: Title: VΡ () Change (X) Addition () Delete Name: Name: BARTZ, JERRY A Address: Address: 9603 SW 19TH AVE City-St-Zip: City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: () Change (X) Addition BARTZ, BRETT J Name: Name: 2079 JESAMINE COURT Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: () Change (X) Addition Name: Name: BARTZ MARVEZ, SHERRY L

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.

Address:

City-St-Zip:

11851 SW 35TH TERRACE

MIAMI, FL 33175

SIGNATURE: SHARON R. BARTZ MGR 04/24/2009