

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068806

FILED
Feb 25, 2009
Secretary of State

Entity Name: MAKING DREAMS STUDIOS, LLC

Current Principal Place of Business:

5436 SPRING RUN AVE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5436 SPRING RUN AVE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-2979408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERVICE LLC
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LISA, ROQUE E MANAGER
5436 SPRING RUN AVENUE
ORLANDO, FL 32819 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: ROQUE LISA

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LISA, ROQUE E
Address: 5436 SPRING RUN AVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: LISA, CRISTIANE L
Address: 5436 SPRING AVE
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

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

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: ROQUE LISA

M

02/25/2009

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