

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056733

Entity Name: STUDIO MEDUSA, LLC

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

140 HAWTHORN COURT  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

700 SOUTH PATRICK DRIVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

140 HAWTHORN COURT  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

700 SOUTH PATRICK DRIVE  
SATELLITE BEACH, FL 32937

FEI Number: 80-0424516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINNICK, ROBERT W  
510 PARK AVENUE  
SATELLITE BEACH, FL 32937 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  
Name: PINNICK, BARBARA L  
Address: 410 HAWTHORN COURT  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM  
Name: RITCEY, TERRIE  
Address: 1156 LONG LANE SE  
City-St-Zip: PALM BAY, FL 32909

I hereby 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: BARBARA L PINNICK

MGRM

03/28/2010

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