

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099285

FILED
Feb 22, 2011
Secretary of State

Entity Name: PROS AND CONS STUDIOS, LLC

Current Principal Place of Business:

417 SANTANDER AVE. APT #4
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2400 S. OCEAN DR
7344
HUTCHINGSON ISLAND, FL 34949 US

Current Mailing Address:

3717 BAGLEY AVE. APT. 203
LOS ANGELES, CA 90034

New Mailing Address:

3717 BAGLEY AVE.
#203
LOS ANGELES, CA 90034

FEI Number: 27-1112262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, ANDREW
417 SANTANDER AVE. APT #4
CORAL GABLES, FL 33134 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: BRYANT, ANDREW
Address: 417 SANTANDER AVE. APT #4
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: ZUCKERBROW, MARK
Address: 536 N SWEETZER AVE. APT. #2
City-St-Zip: LOS ANGELES, CA 90048 US

Title: MGRM
Name: INTERRANTE, STEPHEN
Address: 3717 BAGLEY AVE. APT. 203
City-St-Zip: LOS ANGELES, CA 90034 US

Title: MGRM
Name: SAROUFIM, PETER
Address: 3717 BAGLEY AVE. APT. 203
City-St-Zip: LOS ANGELES, CA 90034 US

Title: MGRM
Name: LAZEK, AUSTIN
Address: 1919 NALABAR DR.
City-St-Zip: GERMANTOWN, TN 38138 US

Title: MGRM
Name: SEVERI, ADAM
Address: 3717 BAGLEY AVE
City-St-Zip: LOS ANGELES, CA 90034 US

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: ADAM SEVERI

MAGR

02/22/2011

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