File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 60 /PR 20 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY CONTRACTOR Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 194000000534** 1a. Principal Place of Business Address B & W PROFESSIONAL VIDEO STUDIO, L.C. 1605 MAIN ST 1605 MAIN ST SUITE 1001 SUITE 1001 SARASOTA FL 34236 SARASOTA FL 34236 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/07/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For 65-0524742 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 07/29/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office GOLDSMITH, STANLEY A 1605 MAIN ST Street Address (P.O. Box Number is Not Acceptable) SUITE 1001 \_400002853664==\$ SARASOTA FL 34236 -04/27/99--01071---012 \*\*\*\*188.75 \*\*\*\*188.75 Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing s registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_ DATE (flegistered Agent Accepting Appointment) - (fix the flegistered Agent agreeties request who in each trip 10 Title Managing Members/Managers **Business Street Address** City, State and Zip Code FEHER, SANDOR J 1605 MAIN ST, STE 1001 SARASOTA FL MGR MGR B & B CREATIVE STUDIO, 1605 MAIN ST SUITE 1001 SARASOTA FL

11 Ido hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

							~
Q1	2	N	۸٦	ΓU		⊏	·
0	u	14	м.	··	רזי	_	