

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004269

FILED  
May 08, 2009  
Secretary of State

Entity Name: DONER STUDIO LLC

**Current Principal Place of Business:**

94 MERCER STREET, 2ND FLOOR  
NEW YORK, NY 10012

**New Principal Place of Business:**

94 MERCER STREET  
2ND FLOOR  
NEW YORK, NY 10012 US

**Current Mailing Address:**

94 MERCER STREET, 2ND FLOOR  
NEW YORK, NY 10012

**New Mailing Address:**

94 MERCER STREET  
2ND FLOOR  
NEW YORK, NY 10012 US

FEI Number: 20-1012021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AKA FREED, STEPHANIE  
2288 SUNSET DRIVE, SUNSET ISLAND #3  
MIAMI BEACH, FL 33140 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:**

Title: P ( ) Delete  
Name: DONER, FREDERICK  
Address: 94 MERCER STREET, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10012

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DONER, FREDERICK  
Address: 94 MERCER STREET - 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10012 US

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: FREDERICK DONER

MGRM

05/08/2009

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