

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002813

FILED
Apr 30, 2008
Secretary of State

Entity Name: STUDIO FX INC.

Current Principal Place of Business:

245 MEADOW BAY COURT
LAKE MARY, FL 32746 US

New Principal Place of Business:

5224 SHORELINE CIRCLE
SANFORD, FL 32771 US

Current Mailing Address:

POST OFFICE BOX 952344
LAKE MARY, FL 327952344 US

New Mailing Address:

5224 SHORELINE CIRCLE
SANFORD, FL 32771 US

FEI Number: 92-0180355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANN, TRACIE A
245 MEADOW BAY COURT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

VANN, TRACIE A
5224 SHORELINE CIRCLE
SANFORD, FL 32771 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANN, ROBERT B
Address: 245 MEADOW BAY COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: V () Delete
Name: VANN, TRACIE A
Address: 245 MEADOW BAY COURT
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VANN, ROBERT B
Address: 5224 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771 US

Title: V (X) Change () Addition
Name: VANN, TRACIE A
Address: 5224 SHORELINE CIRCEL
City-St-Zip: SANFORD, FL 32771 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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACIE A VANN

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date