


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 020 ***150.00

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| DOCUMENT # P06000138236 |  |
| 1. Entity Name STAY TUNED STUDIOS, INC. | |

40060410



02122008 Chg-P CR2E034 (12/06)

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|---|---------|---|---------|
| Principal Place of Business 5570 FLORIDA MINING BLVD. SOUTH UNIT 105 JACKSONVILLE, FL 32257 | | Mailing Address 5570 FLORIDA MINING BLVD. SOUTH UNIT 105 JACKSONVILLE, FL 32257 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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|---|--|
| 4. FEI Number 20-5855575 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent WATSON, HENRIETTA E 1655 THE GREENS WAY 3426 JACKSONVILLE BEACH, FL 32250 | | 7. Name and Address of New Registered Agent Name DONALD A. RINGHOFFER Street Address (P.O. Box Number is Not Acceptable) 10514 GLASSON GLEN COURT City JACKSONVILLE FL Zip Code 32256 | |
|---|--|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DONALD A. RINGHOFFER** *Donald A. Ringhofer* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RINGHOFFER, DONALD A 10514 GLASSON GLEN COURT JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/N/T/S DONALD A. RINGHOFFER 10514 GLASSON GLEN COURT JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DESENA, JOSEPH 1749 HIGHLAND VIEW DR ST. AUGUSTINE, FL 32092 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald A. Ringhofer* **DONALD A. RINGHOFFER** 4/2/08 (904) 922-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #