

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004628

Entity Name: STUDIO ELEVEN, INC.

FILED  
Apr 21, 2010  
Secretary of State

**Current Principal Place of Business:**

2365 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1790  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 65-0466968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCMILLAN, LIBBY  
8636 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: MC MILLAN, MICHAEL D  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: LIBBY MCMILLAN

P

04/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date