

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053274

Entity Name: LOVEGROVE STUDIOS, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

4639 PINE IS RD NW  
MATLACHA, FL 33993 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 367  
MATLACHA, FL 33993 US

## New Mailing Address:

FEI Number: 65-0594245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOLEY, JOHN F  
4532 TAMiami TRAIL EAST SUITE 401  
NAPLES, FL 33962 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: D ( ) Delete  
Name: SILBERG, MIKE  
Address: 4835 PINE IS RD NW  
City-St-Zip: MATLACHA, FL 33993

Title: D ( ) Delete  
Name: SILBERG, LEOMA  
Address: 4835 PINE IS RD NW  
City-St-Zip: MATLACHA, FL 33993

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL J. SILBERG

PRES

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date