

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000053274

**Entity Name:** LOVEGROVE STUDIOS, INC.

**FILED**  
**Apr 25, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SILBERG, MIKE  
Address: 4835 PINE IS RD NW  
City-St-Zip: MATLACHA, FL 33993

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

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: MICHAEL J. SILBERG

PRES

04/25/2011

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

\_\_\_\_\_  
Date