


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P95000053347  
 1. Entity Name  
 GREENSPAN STUDIOS INC.



Principal Place of Business      Mailing Address  
 52 BUXTON LANE                      52 BUXTON LANE  
 BOYNTON BEACH, FL 33426 US      BOYNTON BEACH, FL 33426 US

**DO NOT WRITE IN THIS SPACE**



01282008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0588228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GREENSPAN, ELIZABETH  
 52 BUXTON LANE  
 BOYNTON BEACH, FL 33426

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSPAN, ELIZABETH 52 BUXTON LANE BOYNTON BEACH, FL 33426
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04/03/08-20078-018 150.00

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3.16.08 Daytime Phone #: 561 714 0093