| | 0 | | | |
|------------------------------|--|------------------------------------|--|------------|
| 106 N 4T | HAVE. | | | |
| ANN ARE | 30R, MI 48104 US | | | |
| | | | | |
| FEI Num | ber: 30-0349758 | | Certificate of Status Desired: No | |
| Name an | d Address of Current Registered Age | ent: | | |
| 1201 HAYS | TION SERVICE COMPANY STREET SEE, FL 32301 US | | | |
| The above na | amed entity submits this statement for the purpose of ch | anging its registered office or re | egistered agent, or both, in the State o | f Florida. |
| SIGNATURE: NICHOLAS J. HOUSE | | | | 04/17/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Authoriz | ed Person(s) Detail : | | | |
| Title | MEMBER | Title | MEMBER | |
| Name | WATTS, CHRISTOPHER M | Name | WATTS, NICHOLAS J | |

DOCUMENT# M2100005203 Entity Name: HOOK STUDIOS LLC

Current Principal Place of Business:

106 N 4TH AVE.

106 N 4TH AVE.

MEMBER

ANN ARBOR MI 48104

SCHWARTZ, AARON B

ANN ARBOR MI 48104

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

106 N 4TH AVE. ANN ARBOR, MI 48104

Current Mailing Address:

Address City-State-Zip:

Title

Name

Address

City-State-Zip:

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MICHAEL WATTS II

MEMBER

106 N 4TH AVE.

106 N 4TH AVE.

MEMBER

ANN ARBOR MI 48104

ANN ARBOR MI 48104

WATTS, STEVEN MICHAEL II

04/17/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 17, 2024 Secretary of State 9452424141CC