


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # V49890
 1. Entity Name
L2 STUDIOS, INC.



Principal Place of Business 55 E JACKSON STREET ORLANDO, FL 32801 US	Mailing Address 55 E JACKSON STREET ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3140272	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
 LEMONS, TIMOTHY J
 244 WHITTIER CIRCLE
 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

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 _____

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	D LEMONS, TIMOTHY J. 244 WHITTIER CIRCLE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RICHARD 1400 BERWYN RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMONS, DEBRA 244 WHITTIER CIRCLE ORLANDO, FL 32806
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 03/26/08-80048-009-150.00

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 another like empowered.

SIGNATURE:  **TIMOTHY J. LEMONS** 2-29-08 407.648.8888
 _____ DATE _____ DAYTIME PHONE # _____