

1.) CORPORATION NAME: STUDIO WEST INC.	DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: 05710371				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10237 GAINSBOROUGH ROAD CITY/ST/ZIP: POTOMAC, MD 20854	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TRACEY P WEST TITLE: PRESIDENT ADDRESS: 10237 GAINSBOROUGH ROAD CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: MICHAEL WEST TITLE: VICE PRESIDENT ADDRESS: 10237 GAINSBOROUGH ROAD CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TRACEY P WEST	TRACEY P WEST, PRESIDENT	1/29/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.