

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90154 037 ****70.00

DOCUMENT # 728238

1. Entity Name

FLORIDA STUDIO THEATRE, INC.

Principal Place of Business

**1241 N PALM AVE
 SARASOTA FL 34236**

Mailing Address

**1241 N PALM AVE
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN
 46 N. WASHINGTON BLVD., SUITE 1
 SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, R K	
STREET ADDRESS	500 S PALM AVENUE APT 92	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, FRANK FOLSOM	
STREET ADDRESS	330 S. PINEAPPLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BURDICK, RICHARD	
STREET ADDRESS	2445 EAST OREGON AVENUE	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN ANTWERP, TED	
STREET ADDRESS	2186 BAHIA VISTA ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGILICUDDY, DENNIS	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOPKINS, RICHARD	
STREET ADDRESS	1241 N PALM AVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 REQUIRED Hopkins**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (941) 366 9017
 Date Daytime Phone #

CR2E037 (9/01)