

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 21 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 800000617967  
1. Entity Name V.B. KAMEN STUDIOS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1415 NE 25<sup>TH</sup> ST  
3. Mailing Address 1415 NE 25<sup>TH</sup> ST  
Suite, Apt. #, etc.

4. FEI Number 65-1065140 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State POMP BCH FLA. POMP BCH FLA.  
Zip 33064 Country USA Zip 33064 Country USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name KAMENAROVIC, VLADIMIR  
Street Address P.O. Box Number is Not Applicable 1415 NE 25<sup>TH</sup> ST  
City POMP BCH FL Zip Code 33064

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		800008566358 10/24/02--01040--016 **\$150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST KAMENAROVIC VLADIMIR 1415 NE 25 <sup>TH</sup> ST POMP BCH FL 33064	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.  
SIGNATURE: [Signature] Date 10-05-02 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

js 10/21/02

10-05-02

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIRS,

REGARDING MY NOTICE FOR THE ANNUAL REPORT FEE FOR MY CORPORATION, I DID NOT RECEIVE ANY NOTICE BEFORE THE SEPTEMBER 15<sup>TH</sup> DEADLINE.

I CALLED AND SPOKE WITH A REPRESENTATIVE (PIERANY, I BELIEVE, WAS HER NAME) AT 1-850-488-9000 AND I AM SENDING YOU A CHECK FORTHWITH, ACCOMPANIED BY THIS LETTER AS SHE ADVISED ME TO DO. IN THE PAST YEAR I HAVE MOVED SEVERAL TIMES AND SOME OF MY MAIL HAS GOTTEN MISPLACED. HOWEVER, I DO APOLOGIZE AND RESOLVE THAT SUCH AN OVERSIGHT WILL NOT OCCUR AGAIN.

SINCERELY,  
VLADIMIR KAMENAROVIC,  
V. B. KAMEN STUDIOS, INC.

ENCLOSED - PLEASE FIND:

CHECK:

FOR: \$-150.00