

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90096 015 ***150.00

DOCUMENT # P01000018360

1. Entity Name
POWER STATION STUDIOS, INC.

Principal Place of Business Mailing Address
4675 PONCE DE LEON BLVD STE 305 4675 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146 CORAL GABLES FL 33146

2. Principal Place of Business 3. Mailing Address
649 SW WHITMORE DR 649 SW WHITMORE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **PORT ST. LUCIE, FLORIDA** City & State **PORT ST. LUCIE, FLORIDA** 4. FEI Number **65-1081349** Applied For
 Not Applicable
 Zip **34984** Country **ST. LUCIE** Zip **34984** Country **ST. LUCIE** 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
STINSON, LOUIS JR Name
4675 PONCE DE LEON BLVD STE 305 Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33146 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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	S Stinson, Louis, Jr. 4675 Ponce de Leon Blvd. #305 Coral Gables, FL 33146
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Simmons, Ronald, E. 649 S.W. Whitmore Drive Port St. Lucie, FL 34984
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	P-/D Bongiovi, Anthony 649 S.W. Whitmore Drive Port St. Lucie, FL 34984
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	VP/D Ferguson, Anthony 649 S.W. Whitmore Drive Port St. Lucie, FL 34984
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	T/D Butera, Joseph 649 S.W. Whitmore Drive Port St. Lucie, FL 34984
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joseph G. Butera** Date **4/11/02** (561) 879-0578 Daytime Phone #

CR2E034 (9/01)