

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

Amended

FILED

DOCUMENT # P01000070745

1. Entity Name

ONE SOURCE STUDIOS, INC.

02 MAY -6 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6440 N.E. 4th Court

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

03-0382278

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald J. Isriel

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

80 S.W. 8th Street

Suite 1720

City

Miami

FL

33130

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Dir
Andrew Dillon
6440 N.E. 4th Court Miami 33138

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
V-Pres/Dir.
Diana Kee
6440 NE 4 Court, Miami 33130

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Secty/Treas/Dir.
Allen Kee
6440 NE 4 Court
Miami, Florida 33130

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other I.R.S. empowered.

SIGNATURE:

Andrew Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002 (305) 577-4800
Date Daytime Phone #

CR2E034B (12/01)