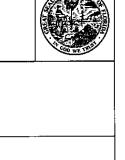
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000070745 DOCUMENT #

1. Entity Name

ONE SOURCE STUDIOS, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90041 046 \*\*\*150.00

Principal Place of Business 6440 NE 4TH COURT MIAMI FL 33138		Mailing Address 6440 NE 4TH COURT MIAMI FL 33138						
2. Principal Place of Business		3. Mailing Address					<b>13 5</b> 316 1006	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 03-0382278		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		5 Addit equired		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Regist	ered Agent			
-		e e e e e e e e e e e e e e e e e e e	Name	and the Head of the second of				
80 SW 8T	ONALD J ESQ H ST., STE. 1720		Street Addres	is (P.O. Box Number is Not Acceptable)				
. MIAMI FL	33130		City		FL Zi	p Code		
Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	0	(NOTE: Registered Agent signature requ	9. Election Campaign Financin Trust Fund Contribution.		<b>\$5.00</b> Added t	May Be	
	k Payable to Florida Department		<b></b>	A DE ITION OF THE OFFICE TO OFFICE TO	C AND DIDE	OTODO	16) 11	
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEE, DIANA 6440 NE 4TH COURT MIAMI FL 33138	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] C⊦	ange	Acoution	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEE, ALLEN 6440 NE 4TH COURT MIAMI FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLON, ANDREW 6440 NE 4TH COURT MIAMI FL 33138	Delete	NAME STREET ADDRESS CITY-ST-ZIP		□ Cr	nange —	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CI	nange	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ CI		Addition	
	Certify that the information supplied with on this report or supplemental report portion or the receiver or trustee end, or on an attachment with an address.	with triis filing does not quali to the and accurate and to the product to execute this re sprint all other like empow		Section 119.07(3)(i), Florida Statutes. I furth he same legal effect as if made under oath; 607, Florida Statutes; and that my name app	ner certify tha that I am an pears in Block	at the inf officer o k 10 or E	ormation or director Block 11 if	

SIGNATURE:

1/6/03 (305) 751-2556