

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90145 036 ***150.00

DOCUMENT # P01000120598

1. Entity Name

PALMPIX STUDIOS, INC.



Principal Place of Business
**815 PONCE DE LEON BLVD STE 200
CORAL GABLES FL 33134**

Mailing Address
**815 PONCE DE LEON BLVD STE 200
CORAL GABLES FL 33134**

2. Principal Place of Business
934 N. University Dr

3. Mailing Address
934 N. University Dr

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33071

Country
USA

Zip
33071

Country
USA

4. FEI Number
020538066

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LANGSTADT, OLIVER J ESQ
815 PONCE DE LEON BLVD STE 200
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Frank Herrmann**

Street Address (P.O. Box Number is Not Acceptable)
160 Yacht Club Way

Apt. 205

City **Hypoluxo**

FL

Zip Code
33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRANK HERRMANN, DVS**

(NOTE: Registered Agent signature required when reinstating)

APRIL 3, 2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **BALZER, SASCHA M**
STREET ADDRESS **SIGMARINGER STR 12**
CITY-ST-ZIP **10713 BERLIN**

TITLE **DVS** ☐ Delete
NAME **HERRMANN, FRANK U**
STREET ADDRESS **SIGMARINGER STR 12**
CITY-ST-ZIP **10713 BERLIN**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **BALZER, SASCHA M.**
STREET ADDRESS **8060 NW 96TH TERRACE, #202**
CITY-ST-ZIP **TAHARAC, FL 33321**

TITLE **DVS** ☒ Change ☐ Addition
NAME **HERRMANN, FRANK U.**
STREET ADDRESS **160 YACHT CLUB WAY, #205**
CITY-ST-ZIP **HYPOLUXO, FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when all other like empowered.

SIGNATURE:

FRANK HERRMANN **APRIL 3, 2003** **(954) 709-2249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)