

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90006 020 \*\*\*150.00

**DOCUMENT # P97000074710**

1. Entity Name  
**FREEJU PRODUCTION STUDIO, INC.**

Principal Place of Business 43 E. BROAD ST. TITUSVILLE FL 32796 US	Mailing Address 43 E. BROAD ST. TITUSVILLE FL 32796-5802 US.
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3348733**      Applied For  
 Not Applicable

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**

**ATWOOD, FREIDA G**  
**43 E. BROAD STREET**  
**TITUSVILLE FL 32796**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 *Freida Atwood*      (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CEO	LISTER, JUDY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
43 E. TITUSVILLE	TITUSVILLE FL 32796		
CEO	ATWOOD, FREIDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
43 E. TITUSVILLE	TITUSVILLE FL 32796		
CEO	CARMODY, MATTHEW	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
519 SELKIRK DR.	WINTER PARK FL 32792		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 persons empowered.

SIGNATURE: *Freida Atwood*      Date      Daytime Phone #

CR2E034 (9/99)