

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

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90055 007 \*\*\*150.00

0527183 AV

**DOCUMENT # P99000104351**

1. Entity Name  
**BEHOLDERSEYE STUDIOS, INC.**



Principal Place of Business  
**1062 SANGER STREET  
PORT CHARLOTTE FL 33952-1116**

Mailing Address  
**1062 SANGER STREET  
PORT CHARLOTTE FL 33952-1116**



2. Principal Place of Business  
**1600 MARINA BAY DR**

3. Mailing Address  
**1600 MARINA BAY DR**

Suite, Apt. #, etc.  
**# 206**

Suite, Apt. #, etc.  
**#206**

CHECK HERE IF MAKING CHANGES

City & State  
**PANAMA CITY, FL**

City & State  
**PANAMA CITY, FL**

4. FEI Number **65-0960602**

Applied For  
 Not Applicable

Zip **32409** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARR, CYNTHIA  
1062 SANGER STREET  
PORT CHARLOTTE FL 33952-1116**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia Carr* **CYNTHIA CARR, PRESIDENT** **4/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARR, CYNTHIA</b> <b>1062 SANGER STREET</b> <b>PORT CHARLOTTE FL 33952-1116</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/30/03** **(850) 271-0929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)