2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000068183**

1. Entity Name

ANCIENT MOSAIC STUDIOS, INC.

FILED Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90161 024 ***150.00

Principal Place 4106 MARIAH (FORT PIERCE I		Mailing Address 4106 MARIAH CIRCLE FORT PIERCE FL 34947						1 8 113 (88 5) 28 15) 1	18 (1) 68 (1) 13 (1)	1/201 (8181 1/80)		
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						DO NOT W	RITE IN THIS	SPACE		
City & State		City & State				4. FE	l Number	65-07852	228		Applied For	_
Zip	Country	Zip	Zip Count		5. Certificate of Statu		Status Desire	us Desired \$8.75 Additing Fee Required		dditional	1	
6. Name and Address of Current Registered Agent						7. Na	me and Ad	dress of Nev	w Registered			1
		Name										
HOROWITZ, STUART A 4106 MARIAH CIRCLE				Street Address (P.O. Box Number is Not Acceptable)							- .	
FOR	T PIERCE FL 34947			City			 			Zip Co	de]
				<i>,</i>					F	L 2,5 33	45	
9. This corporate filling r	named entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.	Registered	Agent signatu S \$150.0 vill be \$5	re required v	when reins	stating)	on Campaign Fund Contribu	DATE Financing .		00 May Be		
(See criter	ia on back) · · · · · · · · · · · · · · · · · · ·	1	le to De	partment	of Stat	е					30 10 1 000	
11.	OFFICERS AND D	IRECTORS	12.		1.19	ADD	ITIONS/CH	IANGES TO C	OFFICERS AN	D DIRECTO	RS IN 11]
TITLE	P	☐ Delete	TITLE	:	· ·		:	•	1	☐ Change	☐ Addition	7.8
NAME STREET ADDRESS CITY-ST-ZIP	HOROWITZ, STUART A 4106 MARIAH CIRCLE FORT PIERCE FL 34947			ADDRESS ST-ZIP	t menty // m 2 april n // r t) un te resud	19: 19:	en pen ga menten 122 menten n m	er rin tom t Egyp Tom tom tom to a rin eren in to eren in to		e de la companya de l	•	7,700
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NAME		******	NAME							_ v -		
STREET ADDRESS			STREET	ADDRESS								
CITY-ST-ZIP			CITY-S	T-ZIP								ļ
13. I hereby o	ertify that the information supplied with the	nis filing does not qualify for	the exem	ption state	ed in Sec	tion 11	9.07(3)(i), F	lorida Statute	s. I further ce	rtify that the	information	1

triulcated 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR