

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000018360

**Entity Name:** POWER STATION STUDIOS, INC.

**Current Principal Place of Business:**

649 SW WHITMORE DR  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

649 SW WHITMORE DR  
PORT SAINT LUCIE, FL 34984

**FEI Number: 65-1081349**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STINSON, LOUIS JR  
4675 PONCE DE LEON BLVD STE 305  
CORAL GABLES, FL 33146 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name STINSON, LOUIS JR  
Address 2199 PONCE DE LEON BLVD STE 301  
City-State-Zip: CORAL GABLES FL 33146

Title CEOD  
Name SIMMONS, RONALD E  
Address 649 SW WHITMORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title PD  
Name BONGIOVI, ANTHONY  
Address 649 SW WHITMORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title VPD  
Name FERGUSON, ANTHONY  
Address 649 SW WHITMORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title TD  
Name BUTERA, JOSEPH  
Address 649 SW WHITMORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH BUTERA**

**TD**

**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date