

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 404722

1. Entity Name
STUDIO EAST, INC.



Principal Place of Business
**74 NE 4TH AVE
#3
DELRAY BEACH, FL 33483 US**

Mailing Address
**74 NE 4TH AVE
#3
DELRAY BEACH, FL 33483 US**



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1407739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTLE, S DEAN
727 CURLEW ROAD
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GESSLER, CARL J
STREET ADDRESS	2710 YALE LN.
CITY-ST-ZIP	BOYNTON BCH, FL 00000,
TITLE	STD
NAME	LITTLE, DEBORAH G
STREET ADDRESS	727 CURLEW ROAD
CITY-ST-ZIP	DELRAY BCH, FL 00000,
TITLE	PD
NAME	LITTLE, S DEAN
STREET ADDRESS	727 CURLEW ROAD
CITY-ST-ZIP	DELRAY BCH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000118679
04/19/04-80069-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Dean Little, Pres. 4/14/04 (561)279-4727

Date

Daytime Phone #