2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2005 8:00 am **Secretary of State DOCUMENT # 463506** 1. Entity Name 03-23-2005 90032 016 ***150.00 WILCO STUDIO, INC. Principal Place of Business 1937 HOLLYWOOD BLVD HOLLYWOOD FL 33020 1937 HOLLYWOOD BLVD HOLLYWOOD FL 33020 3. Mailing Address 1250 W. NEW PORT SENIER DR 2. Principal Place of Business 1250 W NEWPORT CA DR Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) DEERFIELD BOH DEER FIELD BEAGIT City & State Applied For City & State 4. FEI Number 59-1644573 FLORIDA 1:1 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33442 BROWARD BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILCO GIAN WILCO, ALAN Street Address (P.O. Box Number is Not Acceptable) 12 SO W. NEWPORT CENTER 1937 HOLLYWOOD FL **HOLLYWOOD FL 33020** DEZETIELDBEACH 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STD TITLE Change Addition TITLE ☐ Delete WILCO THEIMA WILCO, THELMA NAME NAME 1250 W NEWFORY CT DRIVE 1937 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS DEGRETION SCH FI 33442 CITY-ST-ZIP HOLLYWODD FL 33020 CITY-ST-ZIP TITLE Delete WILCO AJAN 1250 W NEWPORT CT ARIUG DEERTIED BEACH FI 3344 NAME WILCO, ALAN NAME 1937 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUTLE ☐ Defete THTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

THEIMA WILCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED