

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90041 027 ****70.00

DOCUMENT # 732493

1. Entity Name

SECOND SIGHT TAPING STUDIO, INC.



Principal Place of Business

2153 SE OCEAN BLVD
STUART FL 34996
US

Mailing Address

2153 SE OCEAN BLVD
STUART FL 34996
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

51-0177933

Applied For

Not Applicable

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

TURNER, SARAH D
789 SW 31ST STREET
PALM CITY FL 34990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DVS ☐ Delete
NAME HAUPT, RICHARD
STREET ADDRESS 100 LAKESHORE DR #1055
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DP ☐ Delete
NAME GRANT, JJOHN
STREET ADDRESS 1194 LIGHTHOUSE DR
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete
NAME MC GRODER, NATALIE
STREET ADDRESS 2501 SE PETIT LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME TURNER, SARAH D
STREET ADDRESS 789 SW 31ST STREET
CITY-ST-ZIP PALM CITY FL 34990

TITLE DV ☐ Delete
NAME STEPHENSON, ESTELLE
STREET ADDRESS 1873 VESTHAVEN COURT
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE DS ☐ Delete
NAME WENTZ, RENEE
STREET ADDRESS 21845 SW SPOONBILL DR
CITY-ST-ZIP PALM CITY FL 34990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Alex Cardenas
STREET ADDRESS 3256 S.E. St Lucie Blvd.
CITY-ST-ZIP Stuart, FL 34997

TITLE D ☐ Change ☒ Addition
NAME JIM MARONIC
STREET ADDRESS 3452 SW Bobalink Way
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Change ☒ Addition
NAME Connie Chesley
STREET ADDRESS 233 SE Wells Dr.
CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: Sarah D. Turner, TREAS. SARAH D. TURNER 1/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #