


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000000629	
1. Entity Name MOSAIC STUDIOS, INC.	

Principal Place of Business 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202 US	Mailing Address 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0853242	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CULP, JOANNE 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CULP, JOANNE 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD CULP, TERRY LEE 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202
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02/03/05-80001-004 163.75

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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: <u>Joanne Culp</u>	DATE: <u>Feb 1/05</u> 941-907-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	