

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 006 ***163.75

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

40044311



2. Principal Place of Business - No P.O. Box #
7307 Merchant Court

3. Mailing Address
7307 Merchant Court

03032008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
Suite 11A

Suite, Apt. #, etc.
Suite 11A

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number
86-0853242

Applied For
Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

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

CULP, JOANNE
6320 VENTURE DRIVE, SUITE 201
BRADENTON, FL 34202

Name
Joanne Culp

Street Address (P.O. Box Number is Not Acceptable)

7307 Merchant Court, Ste 11A

City
Sarasota

FL

Zip Code
34240

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 *Joanne Culp*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CULP, JOANNE
6320 VENTURE DRIVE, SUITE 201
BRADENTON, FL 34202 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
CULP, TERRY LEE
6320 VENTURE DRIVE, SUITE 201
BRADENTON, FL 34202 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joanne Culp* Joanne Culp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/08 941-907-6084

Date Daytime Phone #