

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90513 017 \*\*\*150.00

**DOCUMENT # F01000000116**

**1. Entity Name**  
**DYLAN SCOTT PIERCE STUDIOS, INC.**



**Principal Place of Business**  
**PO BOX 5851**  
**DESTIN FL 32540**

**Mailing Address**  
**PO BOX 5851**  
**DESTIN FL 32540**



**2. Principal Place of Business**  
**323 Wimico Cir**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**DESTIN, FL**

**City & State**

**4. FEI Number** **58-2454763**

**Applied For**  
**Not Applicable**

**Zip** **32541** **Country** **USA**

**Zip** **Country**

**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**

**PIERCE, SANDY**  
**193 STAHLMAN AVE., #143**  
**DESTIN FL 32540**

**Name** **Sandy Pierce**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**323 Wimico Cir**  
**City** **Destin** **FL** **Zip Code** **32541**

**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** Sandy Pierce **1-15-03**  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **PIERCE, SANDY**  
**STREET ADDRESS** **3562 CREATWOOD TRAIL**  
**CITY-ST-ZIP** **SMYRNA GA**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

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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)(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.**

**SIGNATURE:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**850-837-9397**  
**1-15-03** **850-830-7218**  
Date Daytime Phone #

CR2E034 (10/02)