

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000001956

1. Entity Name  
FORUM STUDIO INC.



Principal Place of Business

2199 INNERBELT BUSINESS CENTER DRIVE  
ST. LOUIS, MO 63114

Mailing Address

2199 INNERBELT BUSINESS CENTER DRIVE  
ST. LOUIS, MO 63114



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
43-1862209

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CEDERGREEN, CHRISTOPHER J
STREET ADDRESS	2127 INNERBELT BUSINESS CENTER DRIVE
CITY-ST-ZIP	ST. LOUIS, MO 63114
TITLE	CD
NAME	CLARK, ROBERT G
STREET ADDRESS	2199 INNERBELT BUSINESS CENTER DRIVE
CITY-ST-ZIP	ST. LOUIS, MO 63114
TITLE	STD
NAME	MURPHY, MICHAEL P
STREET ADDRESS	2199 INNERBELT BUSINESS CENTER DRIVE
CITY-ST-ZIP	ST. LOUIS, MO 63114
TITLE	D
NAME	HECKER, HANS
STREET ADDRESS	2127 INNERBELT BUSINESS CENTER DR
CITY-ST-ZIP	ST. LOUIS, MO 63114
TITLE	D
NAME	MORAN, MICHAEL T
STREET ADDRESS	2127 INNERBELT BUSINESS CENTER DR
CITY-ST-ZIP	ST. LOUIS, MO 63114
TITLE	D
NAME	BENZ, MICHAEL
STREET ADDRESS	2127 INNERBELT BUSINESS CENTER DR
CITY-ST-ZIP	ST. LOUIS, MO 63114

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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

314-429-1010

Daytime Phone #