2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F02000002495** 05-01-2006 90441 026 ***150.00 ATLANTIS STUDIOS CORPORATION Principal Place of Business Mailing Address OUUDITUL 2972 NW 60TH ST 2972 NW 60TH ST FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 3. Mailing Address 100 MS M. I. tany Trail 2. Principal Place of Business 100 MSMill Fary Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chq-P Suite 6 4. FEI Number Applied For serfield Beach fl 23-3048623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHECHTER, MARC ESQ Street Address (P.O. Box Number is Not Acceptable) 100 S. MILITARY TRAIL SUITE 6 DEERFIELD BEACH, FL 33442 City 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 X Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CT Delete ☐ Change ☐ Addition TITLE TITLE ELLISON, BYRON NAME NAME STREET ADDRESS 2972 NW 60TH ST STREET ADDRESS FORT LAUDERDALE, FL 33329 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE SCHECHTER, MARC NAME NAME 100 M. MILITARY TRAIL, SUITE 6 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the compowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

MARC SCHECHTER

☐ Delete

☐ Delete

04/27/06

FILED

May 01, 2006 8:00 am

954 429-1338

☐ Change

☐ Change

■ Addition

Addition

Daytime Phone #