

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 036 ***558.75

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DOCUMENT # F02000002495

1. Entity Name
ATLANTIS STUDIOS CORPORATION



Principal Place of Business
**1500 62ND STREET STE. 510
FT LAUDERDALE FL 33309**

Mailing Address
**3479 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33442**

2. Principal Place of Business
1500 NW 62nd St

3. Mailing Address
1500 NW 62nd St

Suite, Apt. #, etc.
Suite 510

Suite, Apt. #, etc.
Suite 510

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL

4. FEI Number **23-3048623**

Applied For
Not Applicable

Zip Country
33309 Broward

Zip Country
33309 Broward

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHECHTER, MARC ESQ
3479 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name
Schechter, Marc Esq
Street Address (P.O. Box Number is Not Acceptable)
100 N. Military Trail,
Suite 6
City **Deerfield Beach** **FL** Zip Code **33342**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **ELLISON, BYRON**
STREET ADDRESS **1500 62ND STREET STE. 510**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **DP** ☐ Delete
NAME **SCHECHTER, MARC**
STREET ADDRESS **3479 W HILLSBORO BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C, T** ☒ Change ☐ Addition
NAME **Ellison, Byron**
STREET ADDRESS **1500 NW 62nd St. Suite 510**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE **D, P, S** ☒ Change ☐ Addition
NAME **Schechter, Marc**
STREET ADDRESS **100 N Military Trail, Suite 6**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

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

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

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

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

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

08-05-03

Date

Daytime Phone #

CR2E034 (4/03)