

9/5/2018

F1800004114

Division of Corporations
Florida Department of State
Division of Corporations
Associations, Franchises, Limited Liability Companies and Foreign Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-8077
Fax Number : (845)818-3588

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**FOREIGN PROFIT/NONPROFIT CORPORATION
STUDIO B PRODUCTIONS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

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September 6, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES

SUBJECT: STUDIO B PRODUCTIONS, INC.
REF: W18000079885

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

STUDIO B PRODUCTIONS, INC.

1. STUDIO B PRODUCTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

STUDIO B PRODUCTIONS FL, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 26, 2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9920 Moorings Drive, Jacksonville, FL 32257
(Principal office address)

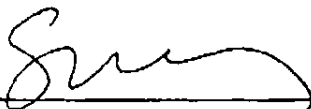
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sharon Rogelberg
Office Address: 9920 Moorings Drive
Jacksonville, Florida 32257
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Sharon Rogelberg

Address: 9920 Moorings Drive, Jacksonville, FL 32257

Director: David Rogelberg

Address: 9920 Moorings Drive, Jacksonville, FL 32257

B. OFFICERS

President: Sharon Rogelberg

Address: 9920 Moorings Drive, Jacksonville, FL 32257

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: David Rogelberg

Address: 9920 Moorings Drive, Jacksonville, FL 32257

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Sharon Rogelberg, President

(Typed or printed name and capacity of person signing application)

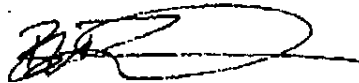
**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of STUDIO B PRODUCTIONS, INC. was filed on 08/26/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

- A Biennial Statement was filed 10/12/2005.*
- A Biennial Statement was filed 08/10/2007.*
- A Biennial Statement was filed 08/18/2009.*
- A Biennial Statement was filed 08/09/2011.*
- A Biennial Statement was filed 08/06/2013.*
- A Biennial Statement was filed 08/03/2015.*
- A Biennial Statement was filed 09/02/2017.*

I further certify that no other documents have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of September two thousand and eighteen.



Brendan W. Fitzgerald
Executive Deputy Secretary of State

