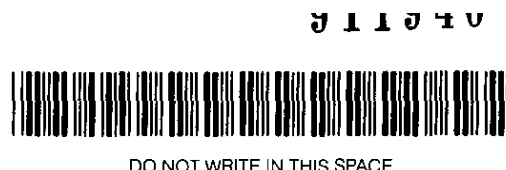


# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**  
 02-01-2000 90074 011 \*\*\*158.75

<b>DOCUMENT # F980000000030</b>			
1. Entity Name <b>MYSTIC SCENIC STUDIOS, INC.</b>			
Principal Place of Business <b>1105 EAST STREET DEDHAM MA 02026</b>		Mailing Address <b>1105 EAST STREET DEDHAM MA 02026-6598</b>	
2. Principal Place of Business		3. Mailing Address <b>596 PLEASANT ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>LAKE HELLEN FL</b>	
Zip	Country	Zip	Country
<b>32744</b>		<b>USA</b>	
4. FEI Number <b>04-3041178</b>		Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MEROS, GEORGE N JR, ESQ. RUMBERGER, KIRK &amp; CALDWELL 301 S BRONOUGH ST TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAY, JIM</b>	NAME	
STREET ADDRESS	<b>82 CHESTNUT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEDHAM MA</b>	CITY-ST-ZIP	
TITLE	VCST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HONDORP, JONATHAN</b>	NAME	
STREET ADDRESS	<b>16 HAWTHORNE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SOMERVILLE MA</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENNA, MICHAEL</b>	NAME	
STREET ADDRESS	<b>109 NORTHDAL ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST ROXBURY MA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jonathan Hornorp* **DATE:** 1/26/00 **DAYTIME PHONE #:** 781-329-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR