


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003826 1. Entity Name INTER-STATE STUDIO, INC.	
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Principal Place of Business 3500 SNYDER AVENUE SEDALIA, MO 65302	Mailing Address 3500 SNYDER AVENUE SEDALIA, MO 65302
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 44-0563337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000128796
04/26/04-80052-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SNYDER, ARIC 3500 SNYDER SEDALIA, MO 65301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, ED 3500 SNYDER SEDALIA, MO 65301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, CINDY 3500 SNYDER AVENUE SEDALIA, MO 65301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTIT, RICHARD 3500 SNYDER AVENUE SEDALIA, MO 65301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(l), 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: *X Cindy Snider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

Daytime Phone #