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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:30

DOCUMENT # G24060 (7)

1. Corporation Name
CAUSEWAY STUDIO III, INC.

Principal Place of Business	Mailing Address
C/O CARRIE SHIELDS 951 17TH STREET VERO BEACH FL 32960	C/O CARRIE SHIELDS 951 17TH STREET VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1983
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 C/o Shelle Funnell	26 C/o Shelle Funnell
Suite, Apt. #, etc. 22 951-17th STREET	Suite, Apt. #, etc. 27 951-17th STREET
City & State 23 Vero Beach, Florida	City & State 28 Vero Beach, Florida
Zip / Country 24 32960 / 25 Indian River	Zip / Country 29 32960 / 30 Indian River

4. FEI Number: 59-2274388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIELDS, CARRIE 951 17TH STREET VERO BEACH FL 32960	81 Name: Shelle Funnell 82 Street Address (P.O. Box Number Is Not Acceptable): 4685-69th STREET 83 84 City: Vero Beach FL 85 Zip Code: 32967

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Shelle Funnell — 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P.T.D. ☒ Change ☐ Addition
NAME	SHIELDS, CARRIE	1.2 NAME	Shelle Funnell
STREET ADDRESS	168 MAIN STREET	1.3 STREET ADDRESS	4685-69th STREET
CITY-ST-ZIP	SEBASTIAN, FL 00000	1.4 CITY-ST-ZIP	Vero Beach, Florida 32967
TITLE	S	2.1 TITLE	V.S. ☐ Change ☐ Addition
NAME	SHIELDS, ROBERT	2.2 NAME	Judith Funnell
STREET ADDRESS	168 MAIN ST.	2.3 STREET ADDRESS	4685-69th STREET
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	Vero Beach, Florida 32767
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Shelle Funnell — 3/15/95 (407) 567-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007104D CP