FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G61737 1. Corporation Name

BODINE STUDIOS, INC.

Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90151 041 ***150.00



Principal Place	e of Business	Mailing Address	-				14944 F FB 1 4 1 8 76 1	SIDII DIDAF BIBII D	A DEE MANDEL LANDE	
220 CENTRAL PARK SOUTH SUITE 3-H		220 CENTRAL PARK SOUTH SUITE 3-H								
NEW YORK NY 10019		NEW YORK NY 10019	NEW YORK NY 10019			DO NOT WRITE IN THIS SPACE				1
					1 -	te Incorporated or Qualifed	3			
A Distribution		10 11-11				1/29/1983			- Lind For	1
2. Principal Place of Business		2a. Mailing Address			1	4. FEI Number		Aprlied For Not Applicable		1
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> -2377905</u>	- · · · · · · -			ı
22		_ <u>_</u>	27			5. Certificate of Status Desired Security Fee Required				
City & State		City & State				6. Election Campaign Financing			\$5.00 May Be	
23		28			- 1	Trust Fund Contribution			Added to Fees	
Zip	Cour try	Zip	Cou	ntry	8. Th	is corporation owes the cu	rrent year n	tangible		ĺ
24	25	29	30		Pe	rsor al Property Tax.		☐ Yes	l∃No	
	9. Name and Address of Curren	nt Registered Agent			10. Na	me and Address of New	Registers d	Agent		
				81 Name						
BODINE, EDMUND J., JR.				82 Street	Acdress (P.O.	Box Number is Not Accep	table)			
8606 W. Franklin RD. Plant City FL 33566				83						ı
~	41 CH1 1E 33300			03						
The section of	· · · · · · · · · · · · · · · · · · ·			84 City			FL	85 Zip C	ode	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	r f Florida. Such change was	authorized	toy the corp	corporation su oration's board	bmi s this statement for the of directors. I hereby acce	e purpose of	f changing its intment as rec	registered g stered	
SIGNATUF:E							DATE			_ ا
	Signature, typed or printed name of registered age	ont and title if applicable. (NO	i ≣: Registered	Agent signature	equired when reinsta	OITIONS/CHANGES TO O		ND DIRECTO	RS IN 12	ď
TITLE	PD OFFICERS AF	DELETE	1.1 TI	TI F	T	<u> </u>		Change	Addition	1
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CITY-ST-ZIP			6.4 CITY-ST-ZIP							
OH I GI-ZIF					<u> </u>					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(3)(i), 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 than my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

