

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90272 035 ***150.00

DOCUMENT # G82156

1. Entity Name
A.M. STUDIOS, INC.



Principal Place of Business
**C/O BANTA
P.O. BOX 24943
FT. LAUDERDALE, FL 33307-4943**

Mailing Address
**C/O BANTA
P.O. BOX 24943
FT. LAUDERDALE, FL 33307-4943**

20041366



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2346718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BANTA, BRAFORD C.
1409 MIDDLE RIVER DRIVE
FT. LAUDERDALE, FL 33304**

**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 revisiting.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BANTA, BRADFORD C.
STREET ADDRESS	1409 MIDDLE RIVER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	DS
NAME	BANTA, CATHERINE M.
STREET ADDRESS	1409 MIDDLE RIVER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	DT
NAME	CROSBY, ROBERT H.
STREET ADDRESS	3616 N.E. 23 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	DV
NAME	CROSBY, MICHELLE L
STREET ADDRESS	3616 N.E. 23 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

954-566-0759

Daytime Phone #