

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90105 040 \*\*\*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

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2346718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 exemptions contained in Chapter 119, 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:**

*Michelle L. Crosby* MICHELLE L. CROSBY

4-7-08

954-566-0759

Date

Daytime Phone #