FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)MASTERWORK STUDIOS, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							*******		i inii <b>did</b> ii <b>aad</b> i		
6503-19TH ST E								DO NOT WRI	<del></del>	SPACE	
								3. Date Incorporated or Qualified	i		
Principal Place of Business     2a. Mailing Address								05/29/1985		1 1.	
2. Frincipal F	iace or busi	11855		26				4. FEI Number			oplied For
Sulte, Apt.	#. elc.			Suite, Apt. #, etc.				59-1522397			ot Applicable Additional
22			27	<del></del>			5. Certificate of Status Desired			egulred	
	e			City & State				6. Election Campaign Financing		\$5.00	
23			28	28				Trust Fund Contribution			to Fees
Zip Country			Zip	Zip Cou			-	8. This corporation owes or has	paid the cu	pent year Ini	angible
24	25		29					Personal Property Tax due June 30. Yes			] No
9, Name and Address of Current Registered Agent							<del></del>	10. Name and Address of New I	Registered	Agent	
	irtin, den				'	B1	Name				
	06 <b>8</b> TH DR						Street Addre	ss (P.O. Box Number is Not Accept	able)		
BR	ADENTON	FL 34209									
ļ					1	83					
							City			85 Zip	Code
44 Pureuppt	to the provid	ions of Sections 60	7 0502 and 607 150	00 Elorido Otalui	too the ob-	21/2	named seres	ration authorite this atalament for the	FL	( ahanaisa ir	12
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											
	Signature types		red agent and title if applic	<u> </u>		Agent	signature required	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTOR	20 10 40
12.	<u> </u>	OFFICER	S AND DIRECTORS	DELETE	13. 1.1 TITL	F	·	ADDITIONS/CHANGES TO OFF	TUERS AND	Change	Addition
NAME	MARTIN	I, DENNIS F.			1.2 NAM					E. Orango	
STREET ADDRESS		TH AVE. DR. W.					DDRESS				
CITY-ST-ZIP		NTON FL			1.4 CIT						
TITLE	8			DELETE	2.1 TITE		1.0			Change	Addition
NAME	MARTIN	I, LESLIE A			22 NAM	Æ				•	
STREET ADDRESS		TH AVE. DR. W.			2.3 STRI	eet ac	ODRESS				
CITY-ST-ZIP	BRADEI	NTON FL			2. 4 C(1)	Y-ST-	·ZIP				
TITLE				DELETE	3.1 TITL	E				Change	Addition
NAME					3.2 NAN	ΛE					
STREET ADDRESS					3.3 STR	eet ac	DDRESS				
CITY-ST-ZIP					3.4. CIT	Y-ST-	-ZIP				
TITLE				☐ DELETE	4.1 TITL	Æ			-	☐ Change	Addition
NAME					4. 2 NA	ME					
STREET ADDRESS					4.3 STR	EET AI	DDRESS				İ
CITY-ST-ZIP					4.4 CITY		2IP			<del></del>	
TITLE				DELETE	5.1 TITL					Change	Addition
NAME					5.2 NAM						
STREET ADDRESS					5.3 STR						
CITY-ST-ZIP		<b> </b>		T DELETE	5.4 City		ZIP				122421
TITLE				DELETE	6.1 TITL					☐ Change	Addition
NAME					6.2 NAM						
STREET ADDRESS					6.3 STRI						
CITY-ST-ZIP					6.4 CITY	/-\$T-	ZIP				1

14. 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 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 attribution with any address.

4-16-98