2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H59083** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** MASTERWORK STUDIOS, INC. 01-24-2000 90090 007 ***150.00 Principal Place of Business Mailing Address 6503-19TH ST E P O BOX 1120 TALLEVAST FL 34270-1120 SARASOTA FL 34243 2. Principal Place of Business 4653-19サ SナCナ E 3. Mailing Address: 5+ C+ € DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number City & State City & State 59-1522397 BRADENTON RADENTUR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 4203 34203 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME MARTIN. DENNIS Street Address (P.O. Box Number is Not Acceptable) 5506 8TH DRIVE W. PINAR **BRADENTON FL 34209** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE TITLE ☐ Delete 4128 PINAR DR. MARTIN, DENNIS F. NAME NAME STREET ADDRESS STREET ADDRESS 5506 8TH AVE. DR. W. BRADENTON FL 34207 4128 PINAR DR. AChange Addition CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE ☐ Delete MARTIN, LESLIE A NAME STREET ADDRESS BRADENTON, FC 34207 STREET ADDRESS 5506 8TH AVE. DR. W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 11 or Block 12 if address, with all other like empowered.

SIGNATURE:

DENNIS MARTIN 1/17/00 941708 0977