

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91159 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69863
1. Entity Name H & G STUDIOS, INC.

80061927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1490 S. MILITARY TRAIL Suite, Apt. #, etc. SUITE #3 City & State WEST PALM BEACH, FL Zip 33415 Country USA	3. Mailing Address 1490 S. MILITARY TRAIL Suite, Apt. #, etc. SUITE #3 City & State WEST PALM BEACH, FL Zip 33415 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0010032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MICHAEL J. FAIRCLOUGH	
	Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD, #112	
	City PALM BEACH GARDENS	Zip Code FL 33410

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.

SIGNATURE M.J.F. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ERCOLANO, ORLANDO 1490 S. MILITARY TRAIL, #3 WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARKHAM, TEDDIE L. 1490 S. MILITARY TRAIL, #3 WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teddie Markham 3/28/02 561-649-3140

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)