

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J87232**

1. Entity Name

**IMPACT STUDIOS, INC.****FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90163 001 \*\*\*\*\*8.75

04-29-2000 90163 002 \*\*\*150.00

Principal Place of Business	Mailing Address
%FRED PEER 72 S.E. 6TH AVE. DELRAY BEACH FL 33483 US	%FRED PEER 72 S.E. 6TH AVE. DELRAY BEACH FL 33483-3333 US

**10904**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1801 S. Fed. Hwy</b>		3. Mailing Address <b>1801 S. Federal Hwy</b>	
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>	
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH</b>	
Zip <b>FL 33483</b>	Country <b>FL</b>	Zip <b>FL 33483</b>	Country <b>FL</b>

4. FEI Number <b>65-0008401</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CECERE, MICHAEL A 2200 N. FEDERAL HWY., #214 BOCA RATON FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 	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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>KRAUSE, WERNER H</b> STREET ADDRESS <b>72 S.E. 6TH AVE.</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 S. Fed. Hwy #202</b> STREET ADDRESS <b>Delray Beach</b> CITY-ST-ZIP <b>FL 33483</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>PEER, FRED</b> STREET ADDRESS <b>72 S.E. 6TH AVE.</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 S. Fed. Hwy #202</b> STREET ADDRESS <b>Delray Beach, FL 33483</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>CECERE, MICHAEL A</b> STREET ADDRESS <b>2200 N. FEDERAL HWY., #214</b> CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** **APR 12, 2000 (561) 278-6826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)