

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90143 046 \*\*\*150.00

0157027 AN

**DOCUMENT # K73701**

1. Entity Name  
**AARON STUDIO ENTERPRISES, INC.**



Principal Place of Business  
**4040 N. 29TH AVE.  
HOLLYWOOD FL 33020**

Mailing Address  
**4040 N. 29TH AVE.  
SUITE 307  
HOLLYWOOD FL 33020**



2. Principal Place of Business

**3125 HOLLYWOOD BLVD**  
Suite, Apt. #, etc.  
**HOLLYWOOD, FLORIDA**  
City & State

3. Mailing Address

**3125 HOLLYWOOD BLVD**  
Suite, Apt. #, etc.  
**HOLLYWOOD, FLORIDA**  
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0119528**

Applied For  
Not Applicable

Zip  
**33021**

Country  
**U.S.A.**

Zip  
**33021**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEHMANN, JEFFREY  
4040 N. 29TH AVENUE  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name  
**JEFF LEHMANN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3125 HOLLYWOOD BLVD**  
City  
**HOLLYWOOD** FL Zip Code  
**33021**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEHMANN, JEFFERY 2632 HOLLYWOOD BLVD. STE 307 HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2003**  
Date

**(954) 920-4020**  
Daytime Phone #

CR2E034 (10/02)