2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

## May 05, 2003 8:00 am Secretary of State DOCUMENT # N0100006710 05-05-2003 91455 035 \*\*\*\*61.25 1ST STUDIO ARTS & CULTURAL CENTER, INC. Principal Place of Business Mailing Address 435 25TH STREET 435 25TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 1375 West 3 3. Mailing Address CHECK HERE IF MAKING CHANGES City & State / Applied For 4. FEI Number 65-1152497 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mavour BRASWELL, JOI 435 25TH STREET WEST PALM BEACH FL 33407 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE Addition RAVENELL, JULIE NAME NAMÉ 435 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE TITLE Delete BALLARD, JESSIE NAME NAME 435 25TH STREET STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Treasure MILLER, TAMMIE NAME NAME 435 25TH STREET STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 617, 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.

CITY - ST-71P

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