

2000 UNIFORM BUSINESS REPORT (UBR)

4/26/00

FILED

May 30, 2000 8:00 am
Secretary of State

04-26-2000 90194 045 ****70.00

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1. Entity Name

HEART & SOUL STUDIOS, INC.

Principal Place of Business

Mailing Address

14201 S. BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 3313114201 S. BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
14201 S. BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 33131Name Sara G. HandleyStreet Address (P.O. Box Number is Not Acceptable)
1350 East Sunrise Blvd., Ste 127City Ft. LauderdaleFL Zip Code 33004

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

Sara G. Handley, Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

DATE 4/20/00FILE NOW:
FEE IS \$30.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeeMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE Patricia A. Calamari D ☐ Delete
NAME President
STREET ADDRESS 27413 Martelle Avenue
CITY-ST-ZIP Coconut Raton, Florida 33433TITLE Chairperson ☐ Delete
NAME Alice Freeman D
STREET ADDRESS 8131 Black Olive Drive 321
CITY-ST-ZIP Tamara, Florida 33009TITLE Vice President ☐ Delete
NAME Marilyn Durie D
STREET ADDRESS 1540 NE 36TH STREET
CITY-ST-ZIP Lighthouse Point, Florida 33064TITLE Sara Handley D ☐ Delete
NAME Secretary
STREET ADDRESS 617 Isle of Palm Drive
CITY-ST-ZIP Ft. Lauderdale, Florida 33301TITLE Berry Zawackis D ☐ Delete
NAME Treasurer
STREET ADDRESS 11280 NW 25th Street
CITY-ST-ZIP Coral Springs, Florida 33065TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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.

SIGNATURE:

Patricia A. Calamari
Signature and typed or printed name of officer or director

Date

Daytime Phone #