

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000360**

1. Entity Name

HEART & SOUL STUDIOS, INC.

Principal Place of Business

**1350 EAST SUNRISE BLVD., STE. 127
FORT LAUDERDALE FL 33304**

Mailing Address

**1350 EAST SUNRISE BLVD., STE. 127
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-0901336

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANDLEY, SARA G
1350 E SUNRISE BLVD., SUITE 127
FT LAUDERDALE FL 33004**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALAMAR, PATRICIA H 32413 MARTELLA AVE BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD FREEMAN, ALCIE 8331 BLACK OLIVE DR TAMARAC FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DURIE, MARILYN 2540 NE 35TH ST LIGHTHOUSE POINT FL 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANDLEY, SARA 612 ISLE OF PALM DR FORT LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAWACKIS, GERRY 11280 NW 25TH ST CORAL SPRINGS FL 33065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. CALAMAR**1/19/01 (561) 852-4772**

Date: Devine Phone #

0045289

CR2E037 (10/00)