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

## DOCUMENT # N9900000360

1. Entity Name

HEART & SOUL STUDIOS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90174 028 \*\*\*\*70.00

, included the	COOL CTODICO, INC.			7		
2400 EAST LAS OLAS BLVD. 2 PMB 216		Mailing Address 2400 EAST LAS OLAS BLVD. PMB 216 FORT LAUDERDALE FL 33301			OJN BRIN ORIN TRIN PRIN TRIN	I <b>30/30</b> isiya bisik <b>00</b> 11 i <b>03</b> k
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 35-0	4. FEI Number 35-0901336 Applied For Not Applicable	
Zip 	Country	Zip	Country	5. Certificate of Status	Desired \$	8.75 Additional see Required
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Ag	gent
			Name			
HANDLEY, SARA G 617 ISLE OF PALM DRIVE		Street Addres	ress (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33301						
TOTAL ENOBELIEFIE COOK!			City		FL	Zip Code
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	stered agent, or both, in the	State of Florida. I am fai	miliar with, and accept
SIGNATURE .		Λ.				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE	
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FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Con						
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10. TITLE NAME	OFFICERS AND DIF PTD CALAMARI, PATRICIA	Trust Fund Cor	11.	Added to Fees  ADDITIONS/CHANGES T	Florida Departr	ment of State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PTD CALAMARI, PATRICIA 22415 MARTELLA AVE	Trust Fund Cor	11. TITLE NAME STREET ADDRESS 2.0	Added to Fees  ADDITIONS/CHANGES Tobio Gart  25 Castilla	Florida Departr	ECTORS IN 10  Change Addition
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12. I hereby certify that the information supplied with this filling 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 attack-most with an address, with all other like empowered.

Patricia A. Calamari 561