

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000005284****1. Entity Name**
STUDIO 1029, INC.

Principal Place of Business 50 MIMOSA DRIVE SARASOTA FL 34232	Mailing Address 50 MIMOSA DRIVE SARASOTA FL 34232
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0946051	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PONCHOT STEVEN J 50 MIMOSA DRIVE SARASOTA FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** **04/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete NAME MILGATE BRIAN T STREET ADDRESS 1029 GUN CLUB ROAD CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete NAME TAYLOR DOUGLAS H STREET ADDRESS 1932 ROLLING GREEN CIRCLE CITY-ST-ZIP SARASOTA FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME PONCHOT STEVEN J STREET ADDRESS 50 MIMOSA DRIVE CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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:** Steven J. Ponchot Pas 04/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)