FILED
Jul 05, 2006 8:00 am
Secretary of State
06-19-2006 90003 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
P00000004473 Phoenix Studio Inc.

DO NOT WRITE IN THIS SPACE

66021292

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2. Principal Place of Business	3. Mailing Address
811 E Knollwood St	811 E Knollwood St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. FEI Number: 65-0987984 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Susan Gott
Street Address (P.O. Box Number is Not Acceptable): 811 EAST Knollwood St
City: Tampa FL Zip Code: 33604

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: Susan Gott June 10, 06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Susan Gott
STREET ADDRESS	811 E. Knollwood St
CITY ST ZIP	TAMPA FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Gott June 10, 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

ATTACHMENT 660212 92
#P00000004473

To Whom It May Concern: 06/27/2006

I Delia Mena is writing this letter on behalf of my client Susan Gott owner and operator of Phoenix Studio, Inc, to let you know that we never received any notification of the annual report for 2006 calendar year, and that she is requesting the late fee of $400.00 to be waived.

If you have any questions, please do not hesitate to contact me at the contact phone number bellow.

Sincerely,

Delia Mena
(813) 748-0863