ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 AM
Secretary of State

1st MOORE CR2E034 (10/07)

DOCUMENT # P00000042928

1. Entity Name

MOLLYS STUDIO, INC.

Principal Place of Business	Mailing Address
1948 E SUNRISE BLVD #5 FT LAUDERDALE FL 33304	1948 E SUNRISE BLVD #5 FT LAUDERDALE FL 33304
2. Principal Place of Business - No P O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1011458 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POTTER, MOLLY
420 ISLE OF CAPRI
FT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2008 Fee Will Be $550.00
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	D	☐ Delete
NAME	POTTER, MOLLY	
STREET ADDRESS	P O BOX 2247	
CITY-ST-ZIP	FT LAUDERDALE FL 33303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	U00000854863 03/27/08-80024-022 150.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119 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 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 Date Daytime Phone #