

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000070020**

1. Entity Name

DOWN UNDER STUDIOS, INC.

02 OCT -9 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2210 NW 64 AVENUE
SUNRISE FL 33313**

Mailing Address

**2210 NW 64 AVENUE
SUNRISE FL 33313**

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

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, AKEE**2210 NW 64 AVENUE****SUNRISE FL 33313**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW! FEE IS \$550.00****After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD CAMPBELL, AKEE A	<input type="checkbox"/> Delete
STREET ADDRESS	2210 NW 64 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE NAME	VPD CAMPBELL, HAYDEN E	<input type="checkbox"/> Delete
STREET ADDRESS	2210 NW 64 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

P000000070020

9/11/02

To Whom It May Concern -

ENCLOSED IS CHECK #1001 IN THE
AMOUNT OF ONE HUNDRED FIFTY DOLLARS (\$150).
DUE TO THE CHANGE OF ACCOUNTANTS THE
FORM "SLIPPED THROUGH THE CRACKS" AND WAS NOT
SUBMITTED.

PLEASE ACCEPT MY APOLOGIES, AS I SUBMIT
THE BUSINESS FORM REPORT FEE OF \$150 FOR
2002, DOWN UNDER STUDIOS, INC.

SHOULD YOU HAVE ANY QUESTIONS PLEASE
FEEL FREE TO CONTACT ME AT 954-818-1271

REGARDS -

AKEE CAMPBELL