

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 002 ***150.00

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000087426	
1. Entity Name THE RED DOOR STUDIO, INC.	
Principal Place of Business 109 E. 4TH AVE. MT. DORA FL 32757	Mailing Address 109 E. 4TH AVE. MT. DORA FL 32757
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
6. Name and Address of Current Registered Agent	
DRAPIZA, RUDY D 2000 HILLCREST ST., APT. 1001 350 E. 6TH AVE ORLANDO FL 32803 MT DORA, FL 328	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.	
SIGNATURE: <i>Rudy D Drapiza</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS	
TITLE: PD NAME: DRAPIZA, RUDY D STREET ADDRESS: 2000 HILLCREST ST., APT. 1001 CITY-ST-ZIP: ORLANDO FL 32803 350 E 6TH AVE MT DORA, FL 32757	<input type="checkbox"/> Delete
TITLE: TD NAME: DRAPIZA, JOY STREET ADDRESS: 2000 HILLCREST ST., APT. 1001 CITY-ST-ZIP: ORLANDO FL 32803 350 E. 6TH AVE MT DORA, FL 32757	<input type="checkbox"/> Delete
TITLE: SD NAME: DRAPIZA, NATHANIEL STREET ADDRESS: 1115 OAKPOINT CIRCLE CITY-ST-ZIP: APOPKA FL 32712 350 E 6TH AVE MT DORA, FL 32757	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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12.	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Rudy D Drapiza</i> <small>SIGNATURE REQUIRED</small>	