

2001 UNIFORM BUSINESS REPORT (UBR)

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ATX1

DOCUMENT # P00000089079

1. Entity Name

AZANA IMAGING STUDIO, INC

Principal Place of Business

Mailing Address

1801 E COLONIAL DRIVE
SUITE # 107
ORLANDO, FL 32803

2. Principal Place of Business
1801 E COLONIAL DRIVE

3. Mailing Address
1801 E COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 107

SUITE # 107

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip
32803

Country
US

Zip
32803

Country
US

FILED

02 FEB 18 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3668893

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

BENJAMIN, LAUREN L
1801 E COLONIAL DRIVE #107
ORLANDO, FL 32803

Name

LAUREN L. BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)

1801 E COLONIAL DRIVE

#107

City

ORLANDO

FL

Zip Code

32803

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

LAUREN L. BENJAMIN

12/13/2001

Signature, typed 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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LAUREN L BENJAMIN
1801 E COLONIAL DRIVE
ORLANDO, FL 32803

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

LAUREN L. BENJAMIN

12/13/2001

(407)541-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(66) 4-4

200005050652-4

-03/06/02--01064--008

***200.00 ***200.00

01-02 UBR

2/13/02

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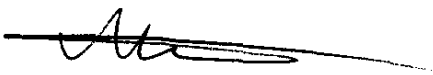
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that this Corporation has relocated. The Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Maurice Robinson
Robinson Accounting of America Inc.