

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90072 007 \*\*\*150.00

DOCUMENT # P00000101317

1. Entity Name

GRAVITY STUDIOS, INC.

Principal Place of Business

3200 W. OAKLAND PARK BLVD.  
 LAUDERDALE LAKES FL 33311

Mailing Address

3200 W. OAKLAND PARK BLVD.  
 LAUDERDALE LAKES FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

96 SCHNEIDER, 7860 PETERS RD  
 F-110

City & State

PLANTATION FL

Zip

Country

Zip 33324

Country USA

4. FEI Number

65-1109662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P  
 350 ELAS OLAS BLVD.  
 SUITE 1700  
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name PAUL F. SCHNEIDER CPA  
 Street Address (P.O. Box Number is Not Acceptable)  
 7860 PETERS ROAD  
 F-110  
 City PLANTATION FL Zip Code 33324

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

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

(NOTE: Registered Agent signature required when reissuing)

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  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GAGNON, STEVEN	
STREET ADDRESS	2701 SE 73 AVE	
CITY-STATE-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

STEVEN GAGNON

DIRECTOR

4/30/01 (9M) 739-6077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR20034 (10/00)