

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000101317

1. Entity Name
GRAVITY STUDIOS, INC.



Principal Place of Business
2500 N FEDERAL HWY
SUITE 303
FORT LAUDERDALE, FL 33305

Mailing Address
2500 NORTH FEDERAL HWY
SUITE 303
FT. LAUDERDALE, FL 33305

FILED
Sep 05, 2008 08:00 AM
Secretary of State



09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BEILLY, BRADFORD J P.A.
400 SE 18 STREET
FT LAUDERDALE, FL 33336-2820

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000959177
09/05/08-80007-007 550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAGNON, STEVEN F
STREET ADDRESS 2500 N FEDERAL HWY, STE. 303
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE SD
NAME DAVIS, EUGENE
STREET ADDRESS 2500 N FEDERAL HWY, STE. 303
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

954-533-2749

9/2/08

Date

Daytime Phone #