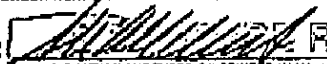


FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90261 045 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000114460					
1. Entity Name ANIMATED MECHANICAL SYSTEMS, INC.					
Principal Place of Business 1864 W. 8TH ST., SUITE 4 RIVERA BCH FL 33404			Mailing Address 2508 NE 8TH LANE OCALA FL 34470		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fil Number 65-1062205	
				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		
TEKLINSKI, STEPHEN R 1864 W. 8TH ST., SUITE 4 RIVERA BCH FL 33404			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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	PD	1864 W. 8TH ST., SUITE 4			
		RIVERA BCH FL 33404			
	SD	2508 NE 8TH LANE			
		OCALA FL 34470			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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:  REQUIRED 1-15-03 861-33-7797					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2E034 (10-02)