2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 20, 2003 8:00 am Secretary of State

DOCUMENT # P01000016304 1. Entity Name SIZZLING STUDIOS, INC.								08-20-2003 90048 032 ***550.00				
Principal Place of Business 4364 MONTALYO COURT NAPLES FL 34109				Mailing Address 4364 MONTALVO COURT NAPLES FL 34109								
Principal Place of Business 3. Mailing Address							T TO SUITABLE IN SERVE FIRST GRAIN FRANCE GRAIN AGUNT HIGHER RIVER FOR THE FORTH RIVER IN PARTY.					
				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					_
City & Stat	le ————————————————————————————————————	<u> </u>	City & State Zip Country				FEI Number 59-3696771		1	pplied For lot Applicable	4	
Zip Country			Zip	4.4	ntry	5. Certificate of Status Desired Section 15. Section 16. Section 1						
6. Name and Address of Current Registered Agent								Name and Address of New He	distered	Agent	<u>; =: ¬</u> -	خات
TO LED ALEVANDON W												
TELLER, ALEXANDRA W 4364 MONTALVO COURT						Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34109						-						1
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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, yound or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rejincuating) DATE												
FILE NOW!!! FEE IS \$550.00											1	
		2003 Fee will be \$750 Florida Department o						Trust Fund Contribution			d to Fees	
	k Payable to				-							1
TITLE	D	OFFICERS AND	DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFIC	ERS AN			۳ ۲
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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												
Changes, or on an attachment with an address, with a address, add												
SIGNAI	SIGNATURE: WHO WITCH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CHRECTOR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CHRECTOR DATE OF DIRECTOR DATE OF											