

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-27-2002 90372 041 ***150.00

DOCUMENT # P01000025675

1. Entity Name

THE CATALYST STUDIO CORPORATION

Principal Place of Business

**5280 MIDDLE COURT
ORLANDO FL 32811**

Mailing Address

**5280 MIDDLE COURT
ORLANDO FL 32811**

38126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593715729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANCHEZ, J A
5280 MIDDLE COURT
ORLANDO FL 32811**

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.

SIGNATURE

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, 2002, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SANCHEZ, J A	
STREET ADDRESS	5280 MIDDLE COURT	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEINTS, STEVE	
STREET ADDRESS	7833 OCALI DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIPMAN, CHARLES	
STREET ADDRESS	404 SUMMIT RIDGE PL #300	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/02 407 428 5646 x 211
Date Daytime Phone #

CR2E034 (9/01)