FILED

2001 UNIFORM BUSINESS REPO	May 29, 2002 8:00 an		
DOCUMENT # P01000031393		Secretary of State 05-29-2002 93595 009 ***150.00	

1,					03-25-	2002 93393 009 130.00	
TATILOTIC	IE CEUDIO TIE		V				
	E STUDIO, INC.	Mailing Address					
1		•	0.6.00	1			
MIRAMA	S.W. 26 ST. R, FL 33029-2421	18763 S.W. 2 MIRAMAR, FL	26 ST. 33029-2	2421			
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number		
Zip	- Country_	Zip	Country		Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current I	Registered Agent		7. N	lame and Address of New Reg	Fee Required	
			Name				
	, DOMINIQUE OREST HILLS BLVD	# 4	Street / 1876	Address (P.O. 3 S.W	Box Number is Not Acceptable 26 ST .)	
		065	City MIRA	MAD	 	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing	its registered off	ice or registe	red agent, or both, in the State of	FL 33029-2421	
	· · · · · · · · ·				gov/i or both in the challe	A Florida.	
SIGNATURE			•		• • •		
74	Signature, typed or printed name of register	ered agent and title if applicable.	(NOTE: Reg	istered Agent s	signature required when reinstating)	DATE	
9. This corpo Tax filing re (See criter	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE IS \$150.	550.00	10. Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.		L TIONS/CHANGES TO OFFICER	S AND DIDECTORS IN 44	
TITLE -	DP	Delete	TITLE	PRES	IDENT	RS AND DIRECTORS IN 11 Change	
NAME STREET ADDRESS	CALERO, DOMINIQU 2867 FOREST HILI	JE	NAME			33	
CITY - ST - ZIP	CORAL SPRINGS, F	JS BLVD #4	STREET ADDRESS CITY - ST - ZIP	1 20 70.	3 S.W. 26 ST. <u>MAR,</u> FL 33029	2421	
TITLE		Delete	TITLE	I III I CAN	MAK, FL 33029	Charge Addition	
NAME STREET ADDRESS		_	NAME			CT average CT Modules	
CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP				
TITLE		Delete	TITLE	 		Change Addition	
NAME			NAME			Change Addition	
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS	ļ			
TITLE	 	Delete	CITY - ST - ZIP	<u></u>			
NAME			NAME			Change Addition	
STREET ADDRESS CITY • ST • ZIP			STREET ADDRESS				
TITLE		Doloto	CITY - ST - ZIP				
NAME		Delete	TITLE NAME		•	Change Addition	
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP		——————————————————————————————————————	CITY - ST - ZIP		<u> </u>	<u> </u>	
NAME		Delete	TITLE NAME		• • •	Change Addition	
STREET ADORESS	•	•	STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
officer or dir	tify that the information supplied with indicated on this report or supplement ector of the corporation or the receive or Block 12 the changed, or on an attact	r or trustee empowered to e	te and that my si	gnature shall			
SIGNATU		DOMI	NIQUE CALE	RO PRES	SIDENT 05/16/02	305-538-3443	
TE EI 32381E 1	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNIN	G OFFICER OR DI	RECTOR	Date	Daytime Phone #	