

PO1000034089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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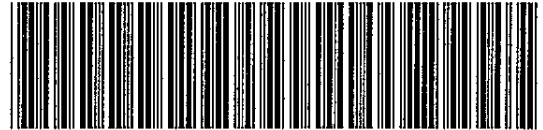
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: M. C. STUDIOS INC  
(Name of corporation)

DOCUMENT NUMBER: P01000034089

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL WINOGRAD  
(Name of contact person)

~~3832 CATTAIL MARSH CT~~  
(Firm/Company)

3832 CATTAIL MARSH CT #238  
(Address)

PALM HARBOR, FL 34684  
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL WINOGRAD at (727) 644 8399  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314