

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90728 016 ***150.00

DOCUMENT # P01000080137

1. Entity Name
B3 DIGITAL STUDIOS, INC.

Principal Place of Business

**527 QUEENS MIRROR CIR
CASSELBERRY FL 32707**

Mailing Address

**527 QUEENS MIRROR CIR
CASSELBERRY FL 32707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3734657

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEMBERGER, JOHN
4853 S ORANGE AVE STE C
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
HUFFORD, WILLIAM M
527 QUEENS MIRROR CIR
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SWANSON, ROBERT
1605 ISON LN
OCFEE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HUFFORD, COLLEEN S
527 QUEENS MIRROR CIR
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WELLS, BRIAN B
16845 OMEGA CT
MONTEVERDE FL 34756

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

WILLIAM M HUFFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

407 850 1251

Daytime Phone #

CP2E034 (9/01)