

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083806

1. Entity Name
PSYONIC STUDIOS, INC.



Principal Place of Business
1996 DENVER
WESTON, FL 33326

Mailing Address
1996 DENVER
WESTON, FL 33326

2. Principal Place of Business
677 SW 111 AVE
Suite, Apt. #, etc. #303

3. Mailing Address
677 SW 111 AVE
Suite, Apt. #, etc. #303



☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip 33025 Country US

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PEMBROKE PINES, FL
Zip 33025 Country US

4. FEI Number 59-3739994
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BLOMQUIST, CHRISTOPHER W
1996 DENVER
FORT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent
Name CHRISTOPHER W. BLOMQUIST
Street Address (P.O. Box Number is Not Acceptable)
677 SW 111 AVE #303
City PEMBROKE PINES FL Zip Code 33025

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 CHRISTOPHER W. BLOMQUIST President/CEO 03/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD	BLOMQUIST, CHRISTOPHER W	1996 DENVER WESTON, FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		677 SW 111 AVE #303	PEMBROKE PINES, FL 33025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER W. BLOMQUIST 03/15/03 954-885-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)