2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment w

SIGNATURE:

Jul 17, 2008 8:00 am Secretary of State DOCUMENT # P01000102207 1: Entity Name 07-17-2008 90060 016 ***150 00 STANLEY BARNABUS STUDIOS, INC. Principal Place of Business Mailing Address C/O 1331 GEORGETOWNE CIRCLE C/O 1331 GEORGETOWNE CIRCLE SARASOTA FL 34232-2009 SARASOTA FL 34232-2009 2. Principal Place of Business - No P.O. B 3. Mailing Address 2825 Tuecr Suite, Apt. #, etc 2nd MOORE CR2E034 (4/08) 4. FEI Number Applied For 65-1149678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DITCHFIELD, BERNICE C Street Address (P.O. Box Number is Not Acceptable) 2825 PINECREST STREET SARASOTA EL 34239 Sept. Zip Code 8. The above namediently 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. BERNICE C. DITCHPIELD Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE ■ Addition NAME DITCHFIELD, STANLEY NAME STREET ADDRESS 1331 GEORGETOWNE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232-2009 TITLE VD ☐ Delete ппе ☐ Addition DITCHFIELD, STEPHEN P NAME STREET ADDRESS 2825 PINECREST STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP TITLE SD- -- -☐ Delete TITLE ☐ Change ☐ Addition NAME DITCHFIELD, BERNICE C STREET ADDRESS 2825 PINECREST STREET STREET ADDRESS CITY-ST-7IP SARASOTA FL 34239 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 instee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED