

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

DOCUMENT # P01000105668

1. Entity Name

QSM STUDIOS INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4119 Gunn Hwy Suite, Apt. #, etc. Suite 20 City & State Tampa FL Zip 33624	3. Mailing Address 4119 Gunn Hwy Suite, Apt. #, etc. Suite 20 City & State Tampa FL Zip 33624	4. FEI Number 26-0006400 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
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**DO NOT WRITE
IN THIS SPACE**

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7. Name and Address of Current Registered Agent

Name LARRY SISSON
Street Address (P.O. Box Number is Not Acceptable) 218 SOUTHERN COUNTRY LANE
City QUINCY
FL Zip Code 32351

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 LARRY SISSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

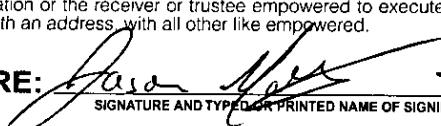
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Yano, Amegadje 1435 Bruce B Downs Blvd Apt. 422 Tampa FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sopy Henriques 8816 Citrus Village Dr Apt. 208 Tampa FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Baldwin Tulloch 1426 LakeShore Ranch Drive Seffner FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jason Martinez 1426 LakeShore Ranch Drive Seffner FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 JASON MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002

Date

813-732-5227

Daytime Phone #