

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 029 ***150.00

DOCUMENT # P01000105668

1. Entity Name

QSM STUDIOS INCORPORATED

DO NOT WRITE IN THIS SPACE

B0092972

2. Principal Place of Business

4119 Gunn Hwy

Suite, Apt. #, etc.

Suite 20

City & State

Tampa FL

Zip

33624

Country

USA

3. Mailing Address

4119 Gunn Hwy

Suite, Apt. #, etc.

Suite 20

City & State

Tampa FL

Zip

33624

Country

USA

4. FEI Number

26-0006400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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) ☒

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Yawo Amegadje
14335 Bruce B Downs Blvd Apt. 422
Tampa FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jopy Henriques
8816 Citrus Village Dr Apt. 208
Tampa FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Baldwin Tulloch
1426 LakeShore Ranch Drive
Seffner FL 33584

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**

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

JASON MARTINEZ

4/24/2002

Date

813-732-5227

Daytime Phone #

CR2E034B (12/01)