

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**  
 03-28-2002 90035 044 \*\*\*150.00

**DOCUMENT # P01000118391**  
 1. Entity Name  
**TONE ZONE STUDIOS, INC.**

Principal Place of Business      Mailing Address  
**1100 DIPLOMAT PARKWAY**      **1100 DIPLOMAT PARKWAY**  
**HOLLYWOOD FL 33019**      **HOLLYWOOD FL 33019**



2. Principal Place of Business      3. Mailing Address  
**1975 N.E. 149 ST.**      **1975 NE 149 ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip      Zip  
**33181**      **33181**  
 Country **MIAMI-DADE**      Country **MIAMI-DADE**

4. FEI Number      Applied For  
**65-1157455**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PLOUCHA, L M**  
**1946 TYLER STREET**  
**HOLLYWOOD FL 33020-4517**

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 \_\_\_\_\_ (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	<b>PRESIDENT &amp; SECRETARY</b> <input type="checkbox"/> Delete <b>TRACY J. YAUCH</b> <b>1100 DIPLOMAT PKWY</b> <b>HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Delete <b>JANET L. PLOUCHA</b> <b>1100 DIPLOMAT PKWY</b> <b>HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tracy J. Yauch      **TRACY J. YAUCH 3/5/02**      **305-949-4096**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**PRESIDENT**

CR2E034 (9/01)