

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

**1100 DIPLOMAT PARKWAY
 HOLLYWOOD FL 33019**

Mailing Address

**1100 DIPLOMAT PARKWAY
 HOLLYWOOD FL 33019**

2. Principal Place of Business

1975 N.E. 149 ST.

Suite, Apt. #, etc.

3. Mailing Address

1975 NE 149 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1157455

Applied For

Not Applicable

Zip

33181

Country

MIAMI-DADE

Zip

33181

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POUCHA, 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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY J. YAUCH 3/5/02 305-949-4096
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)