

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003132

Entity Name: VOID STUDIOS INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 21361
SAINT PETERSBURG, FL 337421361

New Principal Place of Business:

Current Mailing Address:

PO BOX 21361
SAINT PETERSBURG, FL 337421361

New Mailing Address:

FEI Number: 80-0006470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARZABEK, JACEK
7200 ULMERTON ROAD #F-1
LARGO, FL 33771 US

Name and Address of New Registered Agent:

JARZABEK, JACEK
10901 BRIGHTON BAY BLVD
#1303
ST. PETERSBURG, FL 33716 US

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: JACEK JARZABEK

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JARZABEK, JACEK
Address: PO BOX 21361
City-St-Zip: SAINT PETERSBURG, FL 33742

Title: S () Delete
Name: BICKNELL, BRUCE J
Address: 12440 BERKELEY SQUARE DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACEK JARZABEK

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date