

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90335 002 ***150.00

DOCUMENT # P02000012581

1. Entity Name
ROOFUS STUDIOS, INC.



Principal Place of Business
125 MORNING STAR DR
PUNTA GORDA FL 33950

Mailing Address
125 MORNING STAR DR
PUNTA GORDA FL 33950



2. Principal Place of Business
29470 PINE VILLA CIRCLE

3. Mailing Address
SAME
Suite, Apt. #, etc. 29470 PINE VILLA C

☐ CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA FL

FBI Number

Applied For
☒ Not Applicable

Zip
33982

Country
CHARLOTTE

Zip
33982

Country
CHARLOTTE

Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K
407 E MARION AVE
PUNTA GORDA FL 33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARUCH, ALAN ☐ Delete
STREET ADDRESS 125 MORNING STAR DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ST
NAME BARUCH, ALAN ☐ Delete
STREET ADDRESS 125 MORNING STAR DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

941-8338316

Daytime Phone #

CR2E034 (10/02)