FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBÁ)

DOCUMENT # 1. Entity Name

Eye Flash Studios, Inc.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91844 016 ***150.00

•	y	U	1	2	y	7	U	y	

	OO NOT WRI	TE IN THIS S	PACE		901297	709		
136 Isla Suite, Apt. #	ace of Business of VLnice f, etc.	3. Mailing Address 136 1512 01 V Suite, Apt. #, etc.	mius	<u> </u>	DO NOT WRITE IN THIS SPACE			
4_		City & State		4. Fi	El Number .	Applied For		
City & State	uderdale, FL	Fort Lauderde	ile, FL	0	14-3629964	Not Applicable		
Zip	Country	Zip	Country	5 C	ertificate of Status Desired	\$8.75 Additional		
33331	US Á	33301	USA			Fee Required		
As a second of the second of t			Name		me and Address of Current Regist	ered Agent		
			We .	0 30025				
ir iedžinisty i 1951. Automorphisma	DO NOT	WKILE	Street	Address (P.O. Bo	ox Number is Not Acceptable)			
	IN THIS		136	Isle of V	linice, #4			
		JIAUL	Fort	Lauderdale	, FL			
			City		· 1	FL Zip Code		
	d - vite submits this statem	pent for the numose of changing	its registered office	or registered age	ent, or both, in the State of Florida. I	am familiar with, and accept		
the above the obligation	named entity subtraits this state of ions of registered agent.	left for the perpose of offeriging						
uno obnigani	1				Hiosto	_		
SIGNATURE .	Signature, typed or printed name of registere	2)	NOTE: Registered Agent sig	nature required when re	4/27101 instating) D.	ATE		
Jan	uary 1 - May 1 Fee is \$150. After May 1, Fee is \$550.00 Amended UBR is \$61.25	00			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
Howards for the season of the season of the stop	Payable to Florida Departm	AND DIRECTORS		THE PART OF THE PART				
10.		S AND DIRECTORS	nite	OF MEDITALS				
TITLE	President		NAME					
NAME STREET ADDRESS	Xenia Zones 136 Isle Of Venia, #4		STREET ADDRES	S	The same of the sa			
CITY-ST-ZIP	Fort Lauderdak, FL 333		CITY-ST-ZIP	na i di in in india				
TITLE TA	TOTAL STOCKS OF THE PASS		IIILE	The Court of the C				
NAME			NAME		and the second s			
STREET ADDRESS			STREET ADDRE	S				
CITY-ST-ZIP			Winderfall Control of Con-	ata Maria America de la Calendaria. El Maria de	en e			
TITLE			TITLE			· 大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大		
NAME			STREET ADDRE	SS	DO MOTIM	oite .		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		DO NOT W	KILE		
			TITLE	· · · · · · · · · · · · · · · · · · ·	IN THIS SP	ACE		
TITLE NAME			NAME					
STREET ADDRESS			STREET ADDRE		Demonstrate Control of States Control			
CITY-ST-ZIP			CITY-ST-ZIP	usta Prince de la companya				
TITLE			TITLE					
NAME			NAME Street Addre	ÇE ESTA	The control of the co	in a second of the second of t		
STREET ADDRESS			CITY-ST-ZIP	~				
CITY-ST-ZIP	<u> </u>		TITLE	The Control of the Co				
TITLE			NAME					
NAME STREET ADDRESS			STREET ADDR	SS				
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Xenia Zanes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)502-6804