

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91844 016 ***150.00

DOCUMENT # P02 000023096

1. Entity Name

EyeFlash Studios, Inc.



DO NOT WRITE IN THIS SPACE

90129709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 Isle of Venice

Suite, Apt. #, etc.

4

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

136 Isle of Venice

Suite, Apt. #, etc.

4

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

4. FEI Number

04-3629964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Xenia Jones

Street Address (P.O. Box Number is Not Acceptable)

136 Isle of Venice, #4

Fort Lauderdale, FL

City

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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

Xenia Jones

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

(NOTE: Registered Agent signature required when reinstating)

4/27/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President

NAME

Xenia Jones

STREET ADDRESS

136 Isle of Venice, #4

CITY-ST-ZIP

Fort Lauderdale, FL 33301

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

Xenia Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

(905)502-6804

Daytime Phone #

CR2E034B (12/02)