2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 05, 2004 8:00 am Secretary of State DOCUMENT # P02000024132 1. Entity Name 08-05-2004 90008 040 ***158.75 GRANTHAM STUDIO, INC. Principal Place of Business Mailing Address 1400 FORSYTHE ROAD BAY G 1400 FORSYTHE ROAD BAY G 24078511 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 07022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0635768 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANTHAM, RANDI GRANTHAM, RANDI J Street Address (P.O.-Box Number is Not Acceptable) -450 E LAS OLAS 1400 FORSYTHE RD BAY 6 950 FT LAUDERDALE, FL City Zio Code 33405 PALM BEACH WEST 8. The above names entity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations, RANDI JOE GRANTHAM / PRESIDENT (NOTE: Registered Agent signature required when renstating) 8-3-04 SIGNATURE. Signature, typed or printed name of registered agent and the if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$1 11. TITLE Change ☐ Delete TITLE ☐ Addition NAME GRANTHAM, RANDI NAME STREET ADDRESS 1400 FORSYTHE ROAD BAY G STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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 employees to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if th all other like empowered. changed, or on an attachment with a addre: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DRECTOR **SIGNATURE:** <u>561-615-0064</u>

FILED