## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 25, 2008 08:00 AM DOCUMENT # P02000024132 1. Entity Name Secretary of State GRANTHAM STUDIO, INC. Mailing Aridress Principal Place of Business 1400 FORSYTHE ROAD BAY G 1400 FORSYTHE ROAD BAY G WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 01-0635768 Not Applicable Zip Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANTHAM, RANDI J Street Address (P.O. Box Number is Not Acceptable) 1400 FORSYTHE ROAD BAY G WEST PALM BEACH FL 33405 City 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 congations of registered agent. SIGNATURE Signature, typod or crimed warns of registered argent and the Transitionals. (NOTE: Registriad Agent a gentum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees :Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition NAME GRANTHAM, RANDI NAME STREET ADDRESS 1400 FORSYTHE ROAD BAY G STREET ADDRESS WEST PALM BEACH FL 33405 CITY - ST- ZIP CITY-ST-ZIP 7,000000836130 □ Change TITLE Delete TITLE Addition 03/04/08-80004-020 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TIPLE De ete THILE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP THE Deiete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZEP CHY-St-7P TIBLE Delete THIE ☐ Change Addition MAME 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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

-15-08 -889-1964