


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000025985</b>	
1. Entity Name LCM STUDIOS INC.	

Principal Place of Business 2961 PLACIDA RD #3,4,5 ENGLEWOOD, FL 34224	Mailing Address 2961 PLACIDA RD #3, 4, 5 ENGLEWOOD, FL 34224
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03132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-0996083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CUSCINA, CAROL 2961 PLACIDA RD #3,4,5 ENGLEWOOD, FL 34224
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**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 <u>Carol Cuscina</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>3-14-05</u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUSCINA, CAROL 256 GARDENIA RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/19/05-80001-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Carol Cuscina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-14-05</u> (941) 3567100 <small>Daytime Phone #</small>