

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90850 028 ***150.00

DOCUMENT # P02000025985

1. Entity Name
LCM STUDIOS INC.



Principal Place of Business
**110 N GREEN DOLPHIN DRIVE
CAPE HAZE FL 33946**

Mailing Address
**110 N GREEN DOLPHIN DRIVE
CAPE HAZE FL 33946**



2. Principal Place of Business

3. Mailing Address

2961 Placida Rd

110 N. Green Dolphin Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3,4,5

☐ CHECK HERE IF MAKING CHANGES

City & State

Englewood FL

City & State

cape Haze FL

4. FEI Number

33-0996083

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

33946

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLONKA, MARK
110 N GREEN DOLPHIN DRIVE
CAPE HAZE FL 33946**

Name

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

City

FL

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 obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Lesli Golonka
110 N. Green Dolphin Dr.
Cape Haze FL 33946** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Carol Cuccina
256 Gardenia Rd
Venice FL 34293** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Mark Golonka
110 N. Green Dolphin Dr.
Cape Haze FL 33946** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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)(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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)