

PO2000025985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

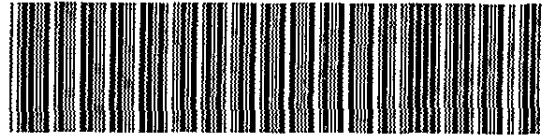
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

6/5/03
HNO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCM Studios Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD2000025985

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Cuscina
(Name of Person)

LCM Studios Inc.
(Name of Firm/Company)

2961 Placida Rd. Suite #3,4,5
(Address)

Englewood FL 34224
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Cuscina at (941) 697-4892
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LCM Studios Inc.
2. The principal office address: 2961 Placida Rd, suite #3.4.5 Englewood
FL 342
3. The mailing address (if different): 110 W. Green Dolphin Dr. Cape Haze
FL 33946 * This is current. Please change to office address at
4. Date of incorporation/qualification: 3-7-2002 Document number: P02000025985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
mark Golonka
110 W. Green Dolphin Dr.
Cape Haze FL 33946
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Carol Cuscina
2961 Placida Rd suite #3.4.5
(P.O. Box or personal mailbox NOT acceptable)
Englewood FL 34224

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

Mark Golonka, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

5-29-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314