

FILED  
Jun 13, 2003 8:00 am  
Secretary of State

05-05-2003 91899 048 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>002000028062</u>			
1. Entity Name SOJOURNER STUDIO INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 608 SE 12TH ST Suite, Apt. #, etc.		3. Mailing Address 608 SE 12TH ST Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34471		Zip 34471	
Country MARION		Country MARION	
DO NOT WRITE IN THIS SPACE		4. FEI Number 04-3682493	
		Applied For Not Applicable	
		5. Certificate of Status Desired \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent KAY M. BETHEA Street Address (P.O. Box Number is Not Acceptable) 608 SE 12TH ST City OCALA FL Zip Code 34471	
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>Kay M Bethea</u> KAY M. BETHEA, VICE PRES 6/9/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$350.00 (Amended UBR is \$61.25) 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PRESIDENT, DIRECTOR FREDRIC R BETHEA 608 SE 12TH ST OCALA FL 34471			
V PRES, DIRECTOR FREDRIC R BETHEA KAY M 608 SE 12TH ST BETHEA OCALA FL 34471			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Fredric R Bethea</u> V PRESIDENT <u>Kay Bethea</u> 352-629-6898 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>6/25/03</u> Daytime Phone #			