


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90021 002 ***150.00

DOCUMENT # P02000044905 1. Entity Name GATE VII CREATIVE STUDIOS, INC.					
Principal Place of Business 6001 VINELAND RD. SUITE 117 ORLANDO, FL 32819			Mailing Address 6001 VINELAND RD. SUITE 117 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20 N. Orange Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600			
City & State		City & State Orlando, FL			
Zip	Country	Zip 32801	Country	4. FEI Number 02-0590034	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONE, CALANDRINO & BROWN, P.A. 20 N ORANGE AVE SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name HENDRY, STONE, CALANDRINO & BROWN, P.A. 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV BRESLIN, THOMAS G 1119 ENGLISH GARDEN LANE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FRIEDMAN, JEFFREY B 7948 SNOWBERRY CIR. ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRIGGER, DAVID K 6755 CULTIVATION WAY WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Jeffrey B. Friedman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/14/08</u> Daytime Phone # <u>407-398-0777</u>		