## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000047023

Mailina Address

1. Entity Name

LUCID STUDIOS, INC.

Dringing Diago of Dringe



## **FILED** Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90150 026 \*\*\*150.00

| 441 S NORTH LAKE BLVD STE 1068 ALTAMONTE SPRINGS FL 32701  2. Principal Place of Business Suite, Apt. #, etc. City & State |   | 3. Mailing Address PO Box 15084! Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS , FL |                                       | CHECK HERE IF MAKING CHANGES                                |                                      |                               |                            |   |             |
|--|---|--|---------------------------------------|---|--------------------------------------|-------------------------------|----------------------------|---|-------------|
|  |   |  |                                       |   |                                      | 4. FEI Number 04 - 3667 - 516 | Applied For Not Applicable |   |             |
|  |   |  |                                       |   |                                      | Zip                           | Country                    | Zip<br>32715 - 0841                         | Country USA |
|  |   |  |                                       | 6. Name and Address of Current Registered Agent             |                                      |                               |                            | 7. Name and Address of New Registered Agent |             |
| ALTAMON  8. The above  | ORTH LAKE BLVD STE 1068  NTE SPRINGS FL 32701  e named entity submits this statement for tions of registered agent. | the purpose of changing its  | City registered office or regi        | FL stered agent, or both, in the State of Florida. I am far | Zip Code<br>nilliar with, and accept |                               |                            |   |             |
| SIGNATURE .  | Signature, typed or printed name of registered agent a  | nd title if applicable. (NOTE  | : Registered Agent signature req      | uired when reinstating) DATE                                |                                      |                               |                            |   |             |
| Afte   | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of              | State  |                                       | 9. Election Campaign Financing Trust Fund Contribution.     | \$5.00 May Be<br>Added to Fees       |                               |                            |   |             |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND D                         | DIRECTORS IN 11                      |                               |                            |   |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FANCHER, RICHARD W III<br>441 S NORTH LAKE BLVD STE 1<br>ALTAMONTE SPRINGS FL 32701                            | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | Change Addition                      |                               |                            |   |             |

TIT1.E ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

ERERICHARD W. FANCHERE

407-331-0559

Daytime Phone #