2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2003 8:00 am Secretary of State

05-08-2003 90174 003 ***550 00

Million Andrews SRZS MY 218TH STREET AACHUA, PL 2015 2. Phycipal Piace of Discrees Sulle, Act. P. etc. Sulle, Act. P. etc. Sulle, Act. P. etc. Cry 5 state	1 Entity Name	MENT # P020 TUDIOS INCORPO						05-08-2003 901	. /4 003 ***	**550.00
Suller, Apt. 8, etc. CHECK HERE IF MARING CHANGES City & State Country	6823 NW 2187	TH STREET.	68	23 NW 218TH STREE	T					
City & Stable City &	2. Principal Pla	ace of Business	3.	Mailing Address	•	<u> </u>				
City & State Country Zip Country Zip Country S. Centificate of Status Desired S. St. 75. Actional Fig. Respired	Suite, Apt. #, etc.			Suite, Apt. #, etc.						
S. Name and Address of Current Registered Agent Fig. Name and Address of Name And Address of Name Agent HEUSS, MICHAEL 6823 NW 218TH STREET ALACHUA, FL 32815 A. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Footas. I am familiar with, and accept the obligations of registered agent. SIGNATURE Systems typically president agent. SIGNATURE Systems typically president agent. OOTE Registered Agents/autmits are stated in Postas. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Footas. I am familiar with, and accept the obligations of registered agent. SIGNATURE Systems typically president agent. SIGNATURE Systems typically president agent. OOTE Registered Agents/autmi	City & State		-	City & State			4. F	51-0418734	No	nt Applicable
HEUSS, MICHAEL 6929 NW 218TH STREET ALACHUA, FL 32815 A. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forica. I arm familiar with, and accept the originations of registered agent. SIGNATURE Signature species of agent. Signature sp	Zip.				Cour	ntry			Fee Require	ditional d
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zo Code		Name and Address	s of Current Regis	stered Agent		Name	7. N	aine and Address of New Registere	a Agent	
A. 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 STALE NO.WILLE SEE 1S.81.50.CQ. STALE NO.WILLE SEE 1S.81.50.CQ. Affect Nay 1; 2003. Fee will be \$5.50 cm. Added to Florida. Added to Florida.	6823 NW 21	8TH STREET	•			,	(P.O. Bo	ox Number Is Not Acceptable)		
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Added to Fees Trust Fund Contribution. Added to Fees	SIGNATURE -	Signature, typed or printed name of	i ngistered agent and title	i applicable. (N	OTE: Reyser	ed Agentsignature require	d when rei	instating) CATI	<u> </u>	
19. OFFICERS AND DIRECTORS 111 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	Offer	May 1 2003 Fee will	be \$550 00 🐪 🐃	ate		,			\$5.0 Adde	00 May Be d to Fees
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CITY-ST-ZIP ITITLE 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)(1), 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.	TITLE NAME	;		☐ Delete	i ii	TLE AME TREET ADDRESS			☐ Change	: Addition
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S/1/3 386 462 507/	12. I hereby indicate	d on this report or supple	uléurai léhoir is iin	red to evecute this rel	y for the e hat my sig	xemption stated in	Section le same 507, Flor	119.07(3)(I), Florida Statutes. I further legal effect as if made under oath; the da Statutes; and that my name appe	certify that the at I am an offic ars in Block 10	e information er or director or Block 11 If
		TUDE:				ECTOR		5/1/3	386 116 Daysima Phone	2507/