

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90660 036 ***158.75

DOCUMENT # P02000095630

1. Entity Name
MERCURY STUDIOS, INC.



Principal Place of Business
**4711 THOMAS ST
HOLLYWOOD FL 33021**

Mailing Address
**4711 THOMAS ST
HOLLYWOOD FL 33021**



2. Principal Place of Business

2430 N. Powerline Rd

3. Mailing Address

4711 Thomas St.

Suite, Apt. #, etc.

SUITE #7

Suite, Apt. #, etc.

HOUSE

City & State

Pompano Bch FL

City & State

Hollywood FL

Zip

33069

Country

U.S.

Zip

33021

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

90-0053561

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALLARI, JOSEPH A
4711 THOMAS ST
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **JOSEPH A. CALLARI**

Street Address (P.O. Box Number is Not Acceptable)

4711 Thomas St.

City

Hollywood

FL

Zip Code

33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **CALLARI, JOSEPH A**
STREET ADDRESS **4711 THOMAS ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/08/03 954-298-8472

Daytime Phone #

CR2E034 (10/02)