

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000107693

1. Entity Name
STUDIO V, INC.



Principal Place of Business
4852 WEST GANDY BOULEVARD
TAMPA, FL 33611

Mailing Address
4852 WEST GANDY BOULEVARD
TAMPA, FL 33611

FILED
Jan 28, 2008 08:00 AM
Secretary of State



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1850014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SNIFFEN, NANCY
4852 WEST GANDY BOULEVARD
TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	P SNIFFEN, NANCY 4852 WEST GANDY BOULEVARD TAMPA, FL 33611
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02/01/08-80005-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #