

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 039 ***150.00

DOCUMENT # P02000125225

1. Entity Name

ORBIX MEDIA STUDIO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 2410

3. Mailing Address
P.O. Box 2410

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crystal River, FL

City & State
Crystal River, FL

4. FEI Number
06-1668300

Applied For
Not Applicable

Zip
34423

Country
USA

Zip
34423

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Crider, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Crider Clardy Law Firm, P.A.
521 W. Fort Island Trail, Suite A

City Crystal River **FL** **Zip Code** 34423

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Lawrence Dombrowski P.O. Box 640153 Beverly Hills, FL 34464	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence Dombrowski
L. DOMBROWSKI

3 FEB 03 (352) 527-3713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence Dombrowski, President

CR2E034B (12/02)