FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2005 8:00 am Secretary of State

02-09-2005 90031 015 ***150.00

DOCUMENT # PO2000/30649

INT, STUDIO A, INC



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2. Principal Place of Bu	usiness	3. Mailing Address		سرد .		02000		
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Suite, Apt. #, etc. Suite, Apt. #, etc.			A 7	DO NOT WRITE IN THIS SPACE				
Sity & State City & State				4. FEI Number 2 Applied For			Applied For	
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Zip 22714	Country	Zip 2 2/21/	Country / 1 <	5 . 0	Dertificate of Status	Desired \$8	3.75 Additional Required	
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*************************************	G TOUT		City	PASS	DE TSI	a. FL	Zip Code	
8. The above named e	ntity submits this statement for	or the purpose of changing it	s registered office or r	registered age	ent, or both, in the	ate of Florida. I am fami	liar with, and accept	
the obligations of req	gistered agent.							
CICNIATEIDE								
	rped or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	e required when re	instating)	DATE		
	May 1 Fee is \$150.00 ay 1, Fee is \$550.00	歌。Tug Tub で			9. Election Can	npaign Financing	\$5.00 May Be	
Amend	led UBR is \$61.25				Trust Fund C		Added to Fees	
Make Check Payable	to Florida Department o OFFICERS AND				1.00mm/kg	J. Fwalet Ma		
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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 five empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (305)442-2769
Date Date Doylime Proce #