2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # P03000013876 1. Entity Name STUDIO 98, INC.					03-18-2004 90034 016 ***150.00			
Principal Place of Business 8719 ANCHORAGE DRIVE SANDESTIN, FL 32550		Meiling Address 8719 ANCHORAGE DRIVE SANDESTIN, FL 32550		664U9787 				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	10859 Emelald Const Kung Suite, Apri. #, etc.		Chg-P CR2E	034 (10/03)		
City & State		City & State		4. FEI Numb	174-3756 436	_	oplied For at Applicable	
Zìp	Country	292550	Country / /Un	5. Certificate	of Status Desired	\$8.75 Add	titional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New Registered	Agent		
Name Taylo					or, Lee Hamilton			
				S (P.O: Box Number is Not Acceptable)				
OARDEOTRI, LE GEOGO				Sandestin, 71, 32550				
				City Zip Code				
Sandestin Sandestin 132 8. The above named entity submits this statement for the purgless of changing its registered office or registered agent, or both, in the State of Florida. I am familiar							and accept	
the obligations of registered agent.								
SIGNATURS Les Longiture from the first form of representation to the first first form of representation to the first fir								
	Eignature, lýped or þrimed name di registered ag	ent and jite if applicable. (MOTE: R	egistered Agent signature requir	red when reinstating)	/ DATE			
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2004 fee will be \$55	9. Election Campaigr O.00 Trust Fund Contrib	Financing \$1 ution.	5.00 May Be ided to Fees	,			
10.	OFFICERS A	ND DIRECTORS	11,	ADDITIONS	/CHANGES TO OFFICERS AN	D DIRECTOR:	S IN 11	
TITLE 🔍	Р	October	TITLE			Change	Addition	
NAME STREET ADDRESS	TAYLOR, LEE HAMILTON 8719 ANCHORAGE DRIVE		NAME STREET ADDRESS				1	
CITY-ST-ZIP	SANDESTIN, FL 32550		CITY-SI-ZIP				• [
TMLE	V	☐ Delete	TITLE			☐ Change	Addition	
NAME	SOMERS, JOHN PAUL		NAME					
STREET ADDRESS CITY-ST-ZIP	8697 ANCHORAGE DRIVE SANDESTIN, FL 32550		STREET ADDRESS CITY-ST-ZIP				[
TITLE	07410201111,1 E 02000	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			_ •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS*	٠	<u> </u>	•	•	
TITLE		Delete	-11TLE	· · · · · · · · · · · · · · · · · · ·		- Change -	Addition,	
HAME			NAME					
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	ŀ	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				ľ	
CITY-ST-ZIP	ļ		CITY-ST-ZIP					
TITLE	·	. Delete	TITLE			☐ Change	Addition	
NAME	1		NAME PURET ADDRESS				1	
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP				ļ	
	certify that the information supplied	with this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes. I further c	ertify that the i	information	
indicated of the co	certify that the information supplied of on this report or supplemental report or supplemental report or trustee els, or on an attachment with an addre	ort is true and accurate and that my mpowered to execute this report a	signature shall have the required by Chapter 6	ne same legal effe 307, Florida Statu	oct as if made under cath; that les; and that my name appears	ı am an officer s in Block 10 c	r or director or Block 11 if	
changed	s, or on an attachment with an addre	ss, with all other like emperation			. 1			
		1 11/2			2/11/44			

SIGNATURE: SECHATURE AND TWEET OF PRESCRIPT MAKE OF MISSERY OF PROCESS OF THE PROPERTY OF THE