



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90081 044 ***150.00

DOCUMENT # P03000013876 1. Entity Name STUDIO 98, INC.					
Principal Place of Business 8719 ANCHORAGE DRIVE SANDESTIN, FL 32550			Mailing Address 10859 EMERALD COAST PKWY #4-317 SANDESTIN, FL 32550		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 10859 Emerald Coast Pkwy West Suite, Apt. #, etc. PMB 4-317 City & State Miramar Beach, FL 32550 Zip Country 32550 USA			
		03082005 Chg-P CR2E034 (10/03)		4. FEI Number 04-3756436	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAMILTON TAYLOR, LEE 8719 ANCHORAGE DRIVE SANDESTIN, FL 32550			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, LEE HAMILTON 8719 ANCHORAGE DRIVE SANDESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOMERS, JOHN PAUL 8697 ANCHORAGE DRIVE SANDESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>L. Hamilton Taylor</u> <u>3/15/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					