

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90025 025 ***150.00

DOCUMENT # P03000022292

1. Entity Name
ASLAN STUDIOS, INC.



Principal Place of Business

477 S. ROSEMARY AVE
216
WEST PALM BEACH, FL 33401 US

Mailing Address

P.O. BOX 2448
PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #

300 S. Australian Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

620

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Country

01152008

Chg-P

CR2E034 (12/06)

4. FEI Number

43-1999867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, ADRIAN J PRESIDE
430 S. ROSEMARY AVE
#15
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 S. Australian Ave #620

City

West Palm Beach

FL

Zip Code

33401

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

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 **P** ☐ Delete
NAME **WILCOX, ADRIAN**
STREET ADDRESS **430 S. ROSEMARY AVE, #15**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VP** ☐ Delete
NAME **LAFFERTY, PATRICK D II**
STREET ADDRESS **3261 SCARLETTA DR**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **W. Icox, Adrian**
STREET ADDRESS **300 S. Australian Ave #620**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

12/15/07

561-228-1533