

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2005 8:00 am
Secretary of State

05-04-2005 90135 045 ***150.00

DOCUMENT # P03000089693 1. Entity Name STUDIO 51 OPERATING CORPORATION					
Principal Place of Business 1421 EAST OAKLAND PARK BLVD #105 & 10 OAKLAND PARK FL 33306			Mailing Address 3365 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306		
<i>No change</i>			 1st MOORE CR2E034 (10/04)		
2. Principal Place of Business		3. Mailing Address		4. FEI Number 200156485 AP-PLIED FOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETER, MICHAEL J 3365 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306				Name Street Address (P.O. Box Number is Not Acceptable) <i>N/C</i> 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 re-instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETER, MICHAEL J	NAME	<i>N/C</i>		
STREET ADDRESS	3365 NORTH FEDERAL HWY	STREET ADDRESS	<i>N/C</i>		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	CITY-ST-ZIP	<i>N/C</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERENTIS, JAMES	NAME	<i>N/C</i>		
STREET ADDRESS	3365 NORTH FEDERAL HWY	STREET ADDRESS	<i>N/C</i>		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	CITY-ST-ZIP	<i>N/C</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, BRENT M	NAME	<i>N/C</i>		
STREET ADDRESS	3365 NORTH FEDERAL HWY	STREET ADDRESS	<i>N/C</i>		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	CITY-ST-ZIP	<i>N/C</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Brent M. Clark</i> (Die) 4/28/05 9545642942 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					