FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUL 23 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000125822

1. Entity Name

THE VAULT STUDIOS, INC.

54057883
06/18/04 90001 043 $150.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1995 NE 150th ST	1995 NE 150th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. FEI Number: 35-2220049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RAYMOND F SEAY II

Street Address (P.O. Box Number Is Not Acceptable): 87 NE 156th STREET

City: MIAMI, FL Zip Code: 33162

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: Raymond F. Seay II RAYMOND F SEAY II JUNE 1, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES/DIRECTOR
NAME	RAYMOND F SEAY II
STREET ADDRESS	87 NE 156th STREET
CITY-ST-ZIP	~~MIAMI, FL 33162~~
TITLE	VICE-PRES/DIRECTOR
NAME	JOSEPH B COLLINS
STREET ADDRESS	12512 WEST HOPE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	SECRETARY
NAME	CHRISTY LYNN SEAY
STREET ADDRESS	87 NE 156th STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	TREASURER
NAME	RAMOND F SEAY I
STREET ADDRESS	~~9850 SW 154th AVENUE~~
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 like empowered.

SIGNATURE: Raymond F. Seay II RAYMOND F SEAY II PRESIDENT 06/01/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #