

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060227

Entity Name: ALIEN LOGIK STUDIOS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

209 1/2 EAST RIDGEWOOD STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

209 1/2 EAST RIDGEWOOD STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-1248329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARC L. LUBET ATTORNEY AT LAW
209 E. RIDGEWOOD ST.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHEWEE, ZACHARY R
Address: 209 1/2 E. RIDGEWOOD ST.
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHEWEE, ZACHARY R
Address: 2211 BLAKE WAY
City-St-Zip: OCOEE, FL 34761

Title: S () Change (X) Addition
Name: THOMASON, JAMIE L
Address: 2211 BLAKE WAY
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY R. SCHEWEE

P

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date