2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State
06-09-2008 90003 034 ***150.00

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1. Entity Name
E M STUDIOS, INC

Principal Place of Business	Mailing Address
2575 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 US	2575 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2183640
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIM, YOUNG HO
5463 VINELAND RD.
APT 5306
ORLANDO, FL 32811

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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/VP
NAME	KIM, YOUNG HO
STREET ADDRESS	5463 VINELAND RD. #5306
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/12/08 407-340-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #