2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) at

Mar 20, 2006 8:00 am Secretary of State DOCUMENT # P05000046251 1. Entity Name 02-27-2006 90098 012 ***150.00 STUDIO 13, INC. Mailing Address Principal Place of Business 2809 E. CERVANTES STREET PENSACOLA FL 32503 2809 E. CERVANTES STREET PPARCEANGG PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For Not Applicable Žip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, TODD W Street Address (P.O. Box Number is Not Acceptable) 2809 E. CERVANTES STREET PENSACOLA FL 32503 City 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 SIGNATURE Signature: typed or presed name of registered agent and table a applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete MILE TITLE ☐ Change Addition MORRIS, TODD W WALES NAME 2809 E. CERVANTES STREET STREET ADDRESS STREET ADDRESS CITY - ST - 26P CITY-ST-ZIP PENSACOLA FL 32503 MILE VTD ☐ Detete TITLE ☐ Chance ☐ Addition NAME DARLING-MORRIS, LAURA A MALLE STREET ADORESS 2809 E. CERVANTES STREET STREET ADDRESS CITY-ST-7P CITY-ST-ZIP PENSACOLA FL 32503 THE Delate HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-78 TIRE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Porida 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 flustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver of

FILED



March 2, 2006

STUDIO 13, INC. 2809 E. CERVANTES STREET PENSACOLA, FL 32503

Subject: STUDIO 13, INC.

Reference Number:

P05000046251

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION