

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034435

Entity Name: MOTION CONTROL STUDIO, INC.

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

3031 HOLIDAYS SPRING BLVD
201
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

3031 HOLIDAYS SPRING BLVD
201
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-4515362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOXSON, JOEL
3031 HOLIDAYS SPRING BLVD
201
MARGATE, FL 33063 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: WILCOXSON, JOEL
Address: 3031 HOLIDAYS SPRING BLVD #201
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: WILCOXSON, JOEL
Address: 3031 HOLIDAYS SPRING BLVD #201
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: WILCOXSON, JOEL
Address: 3031 HOLIDAYS SPRING BLVD #201
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILCOXSON, JOEL
Address: 3031 HOLIDAY SPRINGS BLVD #201
City-St-Zip: MARGATE, FL 33063

Title: T (X) Change () Addition
Name: WILCOXSON, JOEL
Address: 3031 HOLIDAY SPRINGS BLVD #201
City-St-Zip: MARGATE, FL 33063

Title: S (X) Change () Addition
Name: WILCOXSON, JOEL
Address: 3031 HOLIDAY SPRINGS BLVD #201
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOEL WILCOXSON

P

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date