

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000071402

1. Entity Name
FELDMAN STUDIOS INC.



FILED

07 MAY 24 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1908 HERITAGE GROVE CIRCLE APT 325
TALLAHASSEE, FL 32304

Mailing Address
1908 HERITAGE GROVE CIRCLE APT 325
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #
701 W. PENSACOLA ST

3. Mailing Address
701 W. PENSACOLA ST.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32301

Country

Zip
32301

Country

05242007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3781397

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, BLAKE
1908 HERITAGE GROVE CIRCLE APT 325
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

701 W. PENSACOLA ST

City

TALLAHASSEE

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

200104256822

05/12/07--01011-019 --\$158.75

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
FELDMAN, BLAKE
1908 HERITAGE GROVE CIRCLE APT 325
TALLAHASSEE, FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~CEO~~
BLAKE FELDMAN
701 W. PENSACOLA ST.
TALLAHASSEE, FL 32301

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~CEO~~
JOHN MURRAY
1801 LENORA DR.
TALLAHASSEE, FL 32304

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
DANIEL CLABORNE
1801 LENORA DR.
TALLAHASSEE, FL 32304

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-07

Date

Daytime Phone #