

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132066

FILED
Aug 29, 2007
Secretary of State

Entity Name: MOSAIC STUDIOS OF SOUTH FLORIDA INC

Current Principal Place of Business:

5481 NW 40 ST
COCONUT CREEK, FL 33073

New Principal Place of Business:

5481 NW 40 TERRACE
COCONUT CREEK, FL 33073

Current Mailing Address:

5481 NW 40 ST
COCONUT CREEK, FL 33073

New Mailing Address:

5481 NW 40 TERRACE
COCONUT CREEK, FL 33073

FEI Number: 20-5728575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONG, ROBERT E
11555 HERON BAY BLVD
200
CORAL SPRINGS, FL 33076 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOTTLIEB, DIANA
Address: 5481 NW 40 ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: GOTTLIEB, CARY
Address: 5481 NW 40 ST
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOTTLIEB, DIANA
Address: 5481 NW 40 TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change () Addition
Name: GOTTLIEB, CARY
Address: 5481 NW 40 TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify 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: CARY GOTTLIEB

D

08/29/2007

Electronic Signature of Signing Officer or Director

Date