

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000062180

Entity Name: UNABASHED STUDIOS, INC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4050 FLOWERING STREAM WAY  
OVIEDO, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

4050 FLOWERING STREAM WAY  
OVIEDO, FL 32766 US

**New Mailing Address:**

FEI Number: 27-0607295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, CHRIS B  
4050 FLOWERING STREAM WAY  
OVIEDO, FL 32766 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHAW, CHRIS B  
Address: 4050 FLOWERING STREAM WAY  
City-St-Zip: OVIEDO, FL 32766 US

Title: D  
Name: ABAD, DAVID B JR.  
Address: 5459 RISHLEY RUN WAY  
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID ABAD

D

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date