


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90078 043 ***150.00

DOCUMENT # P36740 1. Entity Name CHAPMAN/LEONARD STUDIO EQUIPMENT, INC.	
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Principal Place of Business 9460 DELEGATES DRIVE ORLANDO, FL 32837	Mailing Address 12950 RAYMER STREET NO. HOLLYWOOD, CA 91605
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3052385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUENERGARDT, CHARLES J
 12950 RAYMER STREET
 NORTH HOLLYWOOD, FL 91605

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CHAPMAN, LEONARD T 12950 RAYMER STREET NORTH HOLLYWOOD, CA 91605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV CHAPMAN, BARBARA J 12950 RAYMER STREET NORTH HOLLYWOOD, CA 91605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAPMAN, MICHAEL 12950 RAYMER STREET NORTH HOLLYWOOD, CA 91605
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Michael Chapman 1/4/08 818-764-6726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #