Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90144 049 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOOOA4771

1. Corporation RED BOX	X STUDIO, INC.	07777								
Principal Place of Business Mailing Address						-	1	ı BBİH BƏHIT BIBI	I BIBIT LEBIT II	
4331 NE 16TH AVE							DO NOT WRITE	E IN THIS SF	PACE	
00							3. Date Incorporated or Qualifed 06/21/1993			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		App	lied For
21 26						65-0418255		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					A Continue of Status Basicad	П	\$8.75 A	dditional
22		27					5. Certifcate of Status Desired		Fee Rec	quired
City & State	9	City & State	¬ '				Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	Country 25	Zip 29	Co.	untry			This corporation owes the currer Personal Property Tax.			□No
	9. Name and Address of Currer			T			10. Name and Address of New Re	gistered Ag	ent	
				81	Nan	ne				
LOPEZ, VALERIE L.			82	Stre	et Addı	ress (P.O. Box Number is Not Acceptab	yle)			
4331 NE 16TH AVE										
FT. LAUDERDALE FL 33334				83				•		
				84	City			FL	85 Zip C	ode
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation of segistered age.	itions of, Section 607.0505, F	orida Stai	tutes			on's board of directors. I hereby accept	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI			
π∟ε	D	☐ OELETE	1.1 T	TLE		}	•	L	_ Change	☐ Addition
NAME	LOPEZ, VALERIE L		1.2 N	AME						
STREET ADDRESS	4331 NE 16TH AVE		1.3 \$	TREET	TADDRE	:SS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP		\dashv			70	□ Addition	
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STREET ADDRESS					TADDRE	.50				
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STREET ADDRESS				TY-S		-				
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CITY-ST-ZIP	,		1	ITY-S						
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NAME		-	6.2 N	IAME						

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MRED TED NAME OF SIGNING OFFICER OR DIRECTOR