

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90403 004 \*\*\*158.75

**DOCUMENT # P93000071524**

1. Entity Name  
**R K W FILM SERVICES, INC.**



Principal Place of Business  
**C/O ACCOUNTING & BUSINESS CONSULTANTS  
17 ROSE DRIVE  
FT. LAUDERDALE FL 33316-1041  
US**

Mailing Address  
**C/O ACCOUNTING & BUSINESS CONSULTANTS  
17 ROSE DRIVE  
FT. LAUDERDALE FL 33316-1041  
US**



2. Principal Place of Business  
**1535 SE 17TH STREET**

3. Mailing Address  
**1535 SE 17TH STREET**

Suite, Apt. #, etc.  
**SUITE B206**

Suite, Apt. #, etc.  
**SUITE B206**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33316**

Country  
**US**

Zip  
**33316**

Country  
**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0442745**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, RUSSELL K  
% ACCOUNTING & BUSINESS CONSULTANTS, INC.  
17 ROSE DR  
FT LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

Name  
**WILLIAMS, RUSSELL K**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O ACCOUNTING & BUSINESS CONSULTANTS, LLC  
1535 SE 17TH STREET SUITE B206  
City  
FORT LAUDERDALE FL Zip Code  
33316**

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)

DATE

**2-5-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WILLIAMS, RUSSELL K  
16 N CAROLINA AVE SE  
WASHINGTON DC 20003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
VISCLOSKY, ANNAMARIE  
16 N CAROLINA AVE, SE  
WASHINGTON DC 20003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. 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 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 REQUIRED SECRETREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANNAMARIE VISCLOSKY**

Date

Daytime Phone #

**2-5-03**

**954-462-6045 or**

**202-544-3456**

CR2E034 (10/02)