

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90106 032 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000004628

1. Corporation Name
STUDIO ELEVEN, INC.



| | |
|--|--|
| Principal Place of Business P.O. BOX 1790 SANIBEL FL 33957 | Mailing Address P.O. BOX 1790 SANIBEL FL 33957 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------------|---------------------------|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/10/1994 | 4. FEI Number 65-0466968 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | |
|--|--|---|----|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| MCMILLAN, LIBBY 5830 PINE TREE DR SANIBEL FL 33957 | | 81 Name | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 | | |
| | | 84 City | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMILLAN, LIBBY | 1.2 NAME | |
| STREET ADDRESS | 5830 PINE TREE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMILLAN, LIBBY | 2.2 NAME | |
| STREET ADDRESS | 5830 PINE TREE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL | 2.4 CITY-ST-ZIP | SANIBEL |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMILLAN, LIBBY | 3.2 NAME | |
| STREET ADDRESS | 5830 PINE TREE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMILLAN, LIBBY | 4.2 NAME | |
| STREET ADDRESS | 5830 PINE TREE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL | 4.4 CITY-ST-ZIP | SANIBEL |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)