FILED

Sep 02, 2003 8:00 am Secretary of State

03-17-2003 90063 001 ***150.00

STUDIO I	ELEVEN, INC.	0/		
Principal Plac 909 MAIN ST SANIBEL FL		Mailing Address P.O. BOX 1790 SANIBEL FL 33957		
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	le .	City & State		4. FEI Number 65-0466968 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
MOMBLEA	N LIDRY		Name	
MCMILLAI 5830 PINI	r, Libbt E TREE DR		Street Ado	Address (P.O. Box Number is Not Acceptable)
SANIBEL				
17 2			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or re	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature	ture required when reinstating) DATE
E				
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75(k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, LIBBY 5830 PINE TREE DR. SANIBEL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MC_MILLAN, MICHAEL D 5830 PINE TREE DR SANIBEL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMILLAN, LIBBY 5830 PINE TREE DR. SANIBEL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, LIBBY 5830 PINE TREE DR SANIBEL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated	tted 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:

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P94000004628

Attachment

55055456

MEMO

TO: Dept. of State, Division of Corporations

FROM: Studio Eleven, Inc.; Libby McMillan, President

DATE: 8-27-03

RE: Corporate Uniform Business Report

FEI: # 65-0466968

Document # P94000004628

Our annual filing fee of \$150 was sent March 3, 2003, but we apparently failed to sign our Uniform Business Report. This was uncovered in a phone call with Debbie in Certification, (850-245-6950) after we received another form to mail in. The second form came while we were out of the country; we've just returned and want to address this issue promptly.

Enclosed, please find our SIGNED form, to go with check number 2465, which you have already processed.

Our apologies for any inconvenience.

Libby McMillan, President Studio Eleven, Inc. (239) 395-0202

> P.O. Box 1790 Sambel Island, FL 33957 USA Earth

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The Advertising

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& Design

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