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95 MAY -1 PM 5:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 194000010298
1. Corporation Name
BLACK BELT STUDIOS, INC

Principal Place of Business Mailing Address
1929 N. PINE ISLAND RD P.O. BOX 451978
PLANTATION FL 33322 SUNRISE, FL
33345-1978

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1929 N Pine Island Rd Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 451978 Suite, Apt. #, etc.		3. Date Incorporated or Qualified JAN-10-1994	3a. Date of Last Report JAN-10-1994
22 City & State PLANTATION, FL Zip Country		27 City & State SUNRISE, FL Zip Country		4. FEI Number 65-0466097	Applied For Not Applicable
23 33322 USA		28 33345-1978 USA		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29 33345-1978 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 33322 USA		25 USA		7. This corporation has liability for intangible tax under S. 190 (33) Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent JAMES R HARTMAN 1929 N. Pine Island Rd PLANTATION, FL 33322		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, of 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 *[Signature]* PRES. JAMES R HARTMAN 4-30-95
(Signature, Title or Printed name of registered agent with title if applicable) (Print Name of registered agent with title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	NAME JAMES R HARTMAN	1.1 TITLE T	1.2 NAME JAMES R HARTMAN
STREET ADDRESS 1929 N PINE ISLAND RD	CITY ST ZIP PLANTATION, FL 33322	1.3 STREET ADDRESS 1929 N PINE ISLAND RD	1.4 CITY ST ZIP PLANTATION, FL 33322
TITLE SECRETARY	NAME SHERI A HARTMAN	2.1 TITLE NO VICE PRESIDENT	2.2 NAME NO VICE PRESIDENT
STREET ADDRESS 1929 N PINE ISLAND RD	CITY ST ZIP PLANTATION, FL 33322	2.3 STREET ADDRESS	2.4 CITY ST ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY ST ZIP	3.3 STREET ADDRESS	3.4 CITY ST ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY ST ZIP	4.3 STREET ADDRESS	4.4 CITY ST ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY ST ZIP	5.3 STREET ADDRESS	5.4 CITY ST ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY ST ZIP	6.3 STREET ADDRESS	6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRES. JAMES R HARTMAN 4-30-95 305-320-0001
(Signature and Typed Name of Signing Officer or Director) (Date)