

FILED

03 JUL -8 AM 10:15

**2003 FOR PROFIT CORPORATION (AMENDED)
UNIFORM BUSINESS REPORT (UBR)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012352

1. Entity Name
STUDIO X, INC.Principal Place of Business
1152 OLD OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409Mailing Address
1152 OLD OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409000021464130
07/10/03--01050--D26 **61.25☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0586864Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGAS, LAURIE
6300 NW 12TH AVE., STE 12
FT. LAUDERDALE, FL 33309Name
Andrew I. LEwis, Esq.Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd., #265-SCity
Hollywood FL Zip
33021

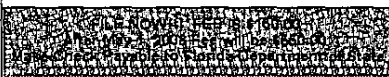
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD SPANNOS, JOHN
1152 OLD OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33409 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS Anthony Coviello
1152 Old Okeechobee Blvd
West Palm Beach, FL 33409 ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

Anthony Coviello 6-22-03

7/7/03