## 2005 FOR PROFIT CORPORATION

## **FILED** Feb 07, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P95000053347** GREENSPAN STUDIOS INC. Principal Place of Business Mailing Address **52 BUXTON LANE 52 BUXTON LANE** BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0588228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENSPAN, ELIZABETH DO NOT WRITE **52 BUXTON LANE** BOYNTON BEACH, FL 33426 IN THIS SPACE 3. 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 (NO F Registered Agent signature required when reinstating) U00000218213 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/07/05-80055-022 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME GREENSPAN, ELIZABETH 52 BUXTON LANE STREET ADDRESS BOYNTON BEACH, FL 33426 CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachmer

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR