

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90104 003 \*\*\*158.75

DOCUMENT # P95000058966  
1. Entity Name  
Shore Studios, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2175 N. Andrews Ave  
Suite, Apt. #, etc.  
Suite #1  
City & State  
Pompano Beach, FL  
Zip  
33069 Country  
USA

3. Mailing Address  
PO Box 50588  
Suite, Apt. #, etc.  
City & State  
Lighthouse Point, FL  
Zip  
33074-0588 Country  
USA

DO NOT WRITE IN THIS SPACE

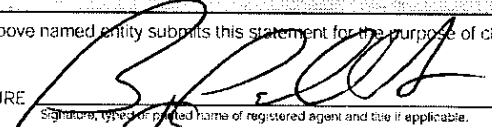
4. FEI Number 650603844 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Bryan P. Oulton  
Street Address (P.O. Box Number is Not Acceptable)  
2175 N. Andrews Ave, Suite #1  
City Pompano Beach FL Zip Code 33069

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.

SIGNATURE  Bryan P. Oulton DATE 4/23/02

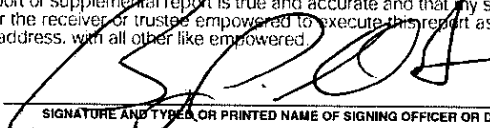
9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Yvonne M. Oulton</u> <u>2175 N. Andrews Ave, Suite #1</u> <u>Pompano Beach, FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Robert F. Oulton</u> <u>2175 N. Andrews Ave, Suite #1</u> <u>Pompano Beach, FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Bryan P. Oulton</u> <u>2175 N. Andrews Ave, Suite #1</u> <u>Pompano Beach, FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Bryan P. Oulton, Secretary 4/23/02 954-784-1599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034B (12/01)