

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91549 001 ***300.00

86009

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000077903			
1. Entity Name PERICH STUDIOS, INC.			
Principal Place of Business 8102 W. KNIGHTS GRIFFIN RD. PLANT CITY FL 33565		Mailing Address 8102 W. KNIGHTS GRIFFIN RD. PLANT CITY FL 33565-3086 US	
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 59-3339269		Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent PERICH, DAVID 8102 W. KNIGHTS GRIFFIN RD. PLANT CITY FL 33565		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 <i>[Signature]</i> DATE 5/1/02 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)		FILE NOW!!! FEE: \$150.00 After MAY 1, 2000 Fee will be \$250.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POTS PERICH, DAVID 8102 W KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * *[Signature]* **DAVID A PERICH** 5/1/02 813-986-0276