

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 031 ***150.00

DOCUMENT # P95000080816					
1. Entity Name THE MICHAEL NOLES STUDIO, INC.					
Principal Place of Business 1616 HOFFNER AVE ORLANDO, FL 32809 US			Mailing Address 1616 HOFFNER AVE ORLANDO, FL 32809 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLES, ROXANNE FAYE 1616 HOFFNER AVE ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Roxanne Faye Noles</u> DATE: <u>8/22/04</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLES, ROBERT MICHAEL 1616 HOFFNER AVE ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOLES, ROXANNE FAYE 1616 HOFFNER AVE ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
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. SIGNATURE: <u>Roxanne Faye Noles</u> DATE: <u>8/22/04</u> DAYTIME PHONE: <u>407-855-6964</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					