

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

2002

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90009 026 ***150.00

DOCUMENT # **P950000 82599**

1. Entity Name
PRELUDE PICTURES OF FL INC.

DO NOT WRITE IN THIS SPACE

B0050275

2. Principal Place of Business
1486 SKEES RD.

3. Mailing Address
SAME

State, Apt. #, etc.
FL

State, Apt. #, etc.
FL

DO NOT WRITE IN THIS SPACE

City & State
W. PALM BEACH

City & State
SAME

4. FEI Number
65-0624394

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
SAME

Country
SAME

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
MARILYN KOCH
Street Address (P.O. Box Number is Not Acceptable)
2760 WHITE WING LANE

City
WEST PALM BEACH, FL Zip
33409

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature must be printed name of registered agent, officer or director. NOTE: Registered Agent signature is not required.

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

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

11. OFFICERS AND DIRECTORS

TITLE: **PSD**
NAME: **MARK KOCH**
STREET ADDRESS: **1486 SKEES RD**
CITY-STATE-ZIP: **W. PALM BEACH, FL 33411**

TITLE: **VP. T D**
NAME: **STEPHANIE KOCH**
STREET ADDRESS: **1846 SKEES RD**
CITY-STATE-ZIP: **W. PALM BEACH, FL. 33411**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information included 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.

Mark W. Koch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 561-683-6614
Date Official Thereof

CR250345 (12/01)