

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90228 008 ***150.00

DOCUMENT # P96000007708

1. Corporation Name

VAGABOND STUDIO, INC.

Principal Place of Business

5957 S UNIVERSITY DR
DAVIE FL 33328
US

Mailing Address

11766 NW 1ST CT
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0649174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5957 S. University Dr.

Suite, Apt. #, etc.

23 City & State
DAVIE FL

24 Zip 33328 25 Country US

2a. Mailing Address

26 11766 NW 1st Ct.

Suite, Apt. #, etc.

28 City & State
Coral Springs FL

29 Zip 33071 30 Country US

9. Name and Address of Current Registered Agent

SMITH, DAVID
11766 NW 1ST CT
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name Susan Smith
82 Street Address (P.O. Box Number is Not Acceptable)
11766 NW 1st Ct.
83
84 City Coral Springs FL 85 Zip Code 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 1999

12. OFFICERS AND DIRECTORS

TITLE VT
NAME SMITH, DAVID J
STREET ADDRESS 11776 NW 1ST CT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE PS
NAME SMITH, SUSAN M
STREET ADDRESS 11766 NW 1ST CT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT
1.2 NAME Susan Smith
1.3 STREET ADDRESS 11766 NW 1st Ct.
1.4 CITY-ST-ZIP Coral Springs FL 33071

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

April 28, 1999 796-7333

Date

Daytime Phone #

CR2E034 (11/98)