P96000032265

DOCUMENT #

FILED
May 03, 2002 8:00 am Secretary of State
05-03-2002 90048 021 ***150.00

THE AND						ci ciai y				
THE ANIMATION MILL, INC.					05-03-2002 90048 021 ***150.00					
Principal Pla	ice of Business	Mailing Address								
Mailing Address 550 N BUMBY AVE 550 N BUMBY AVE 550 N BUMBY AVE										
STE 190	rich de Samer House	STE 190								
ORLANDO F	L 32803 100 The ADM 100 100 100 100 100 100 100 100 100 10	SEA ORLANDO FL 32903 - * **	4	ه ۱۳۰۰ نو د ځې		i averanî din dinî	Táirea biúl á bh eile di			
2. Principal	Place of Business	3. Mailing Address	-							
500 Po	ork Avenue South	nue Sout	th							
Suite, Apt. #, etc. Second Floor, Suite 200 Second Floor, S				0	DO NOT WRITE IN THIS SPACE					
City & Sta		City & State	State		FEI Number 59	-3383553	-	Applied For		
Zip	Country	Zip	Country		*	<u>-</u>	\$8.75 A	Not Applicable		
3278°		32789	· · · · · · · · · · · · · · · · · · ·		Certificate of Status		Fee Requi			
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current R	egistered Agent	Name -	7. 1	Name and Addres	s of New Register	ed Agent			
DIETZ, WILLIAM J				Name -						
	AGNOLIA AVENUE	Street /	Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO FL 32803					¥* <u>.</u>					
			City	FL Zip Code						
8. The above	e named entity submits this statement for	the purpose of changing its	rogistored office a			-				
έ.	The road of the state of the st	the purpose of changing its t	egistered office c	registered ag	ent, or both, in the	State of Florida.				
SIGNATÚRE						. ·				
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ture required when re	instating)	DA	ΤE			
			! FEE IS \$150							
	requirement and elects to do so. ria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat							
11.	OFFICERS AND D									
TITLE	D OFFICERS AND D	Delete	12.	T AD	DITIONS/CHANGE	ES TO OFFICERS A				
NAME	SPONSLER, CURTIS A	□ Delete	NAME	_			Change	_		
STREET ADDRESS	550 N BUMBY AVE STE 190		STREET ADDRESS	500 Pa.	rk. Avenue S	both, Secon	d Floor, 5	005 Sty		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	Winter	Park, FL	_ 32789	. , ,			
TITLE NAME	D DEPODALLE	☐ Delete	TITLE				Change	Addition		
STREET ADDRESS	SPONSLER, DEBORAH E 550 N BUMBY AVENUE STE 190		NAME STREET ANDRESS	SOO DOW	rk Ann	sia C		~ . i (
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	Winter	Park, FL	outh, Sewn	d Floor, S	ivite 200		
TITLE		☐ Delete	TITLE				Change	Addition		
NAME		•	NAME	3	-	+	_ •			
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	· <u>-</u>	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Change			
NAME		r Delete	NAME				□ Change	☐ Addition {		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		Delete	TITLE				☐ Change	Addition		
STREET ADDRESS	••		NAME STREET ADDRESS					}		
CITY-ST-ZIP			CITY-ST-ZIP	1						

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

CR2E034 (9/01)