

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90116 017 ***150.00

DOCUMENT # P96000051203

1. Entity Name
HEADLINES STUDIO'S INC.

Principal Place of Business 1239 S SUNCOAST BLVD STE #12 HOMOSASSA FL 34448 US	Mailing Address 3511 N TYRONE AVE STE #12 HERNANDO FL 34442-2869 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3511 N TYRONE AVE	3. Mailing Address
Suite, Apt. #, etc. (DELETE STE #12)	Suite, Apt. #, etc. (DELETE STE #12)

City & State HERNANDO, FL	City & State	4. FEI Number 59-3384576	Applied For <input type="checkbox"/> Not Applicable
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Zip 34442-2869	Country U.S.A.	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAKEMAN, GERALD W 3511 N TYRONE AVE STE #12 HERNANDO FL 34442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELETE STE #12 City FL Zip Code
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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.

SIGNATURE *Gerald W. Lakeman* DATE 3/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAKEMAN, GERALD W 1239 S SUNCOAST BLVD HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3511 N. TYRONE AVE HERNANDO, FL 34442-2869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS LAKEMAN, DIANNE C 1239 S SUNCOAST BLVD HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVS 3511 N TYRONE AVE HERNANDO, FL 34442-2869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAKEMAN, GERALD 1239 S SUNCOAST BLVD HOMOSASSA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerald W. Lakeman* **GERALD W. LAKEMAN** DATE 3/1/00 DAYTIME PHONE # (352) 726-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)