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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

1999				
DOCUMENT #	P910000680			

## FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90042 039 \*\*\*150.00

DOCUI	MENT # P960000 3 studios, Inc	08018		00-10-1999 90042 0	139 *** 130.0	O
d	3 studios, Inc.					
District Disco	# D	Mailing Addronn		_		
Principal Place		Mailing Address		1		
	It St. No.	C3				
St. Petersburg, FL 33702 SAME		DO NOT WRITE IN THIS SPACE				
	1 '			3. Date Incorporated or Qualifed		
	Principal Place of Business     2a. Mailing Address		4. FEI Number	—————————————————————————————————————	plied For	
21 8000 /	8000 //rd St. No. 26		59-3406442		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A			
22				Fee Re		
City & State City & State			6. Election Campaign Financing	\$5.00	,	
23 St. r	Petersburg FL	28	Country	Trust Fund Contribution	Added t	o rees
Zip	Country	Žip	Country	This corporation owes the current year     Personal Property Tax.		æNo
24 337			30	10. Name and Address of New Registere		2010
}	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	A Agent	
Day	d Wells		O Tame			
			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	11th St. No.		83			
St. Petersburg, FL 33702			85 Zip C	-ode		
	<b>V</b> .		84 City	F	L S ZPC	,ou <del>e</del>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by the corporati ida Statutes.	on's board of directors. I hereby accept the ap-	Jointment as reg	Jistered
SIGNATURE	, , ,					
GIGHTIONE	Signature, typed or printed name of registered agent		Registered Agent signature require			
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	President	☐ DELETE	1.1 TITLE		[_] Change	
NAME	David Wells		1.2 NAME			
STREET ADDRESS	8000 114 St. No		1.3 STREET ADDRESS			
CITY-ST-ZIP	St. Peteribary, FL	- 33702	1.4 CITY-ST-ZIP	<u> </u>		- Addition
TITLE	VICE President	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	Randy Dixon		2.2 NAME			
STREET ADDRESS	COCU SCLI AL N	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	6384 56th Au No Se. Petersburg F	33709	2. 4 CITY-ST-ZIP			
TITLE	7	☐ DELETE	3.1 TITLE		Change	Addition
NAME		•	3.2 NAME			
STREET ADDRESS		•	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZIP	<u></u>		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME (			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C/TY-ST-ZIP			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:

576-8906