

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90148 024 \*\*\*150.00

DOCUMENT # P97000040494

1. Corporation Name  
FORCE ONE STUDIO, INC.



Principal Place of Business

20019 NW 34TH COURT  
HOUSE  
CAROL CITY FL 33056  
US

Mailing Address

20019 NW 34TH COURT  
HOUSE  
CAROL CITY FL 33056  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

65-0751443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 20019 N.W. 34TH CT  
Suite, Apt. #, etc.

2a. Mailing Address

26 20019 N.W. 34TH CT  
Suite, Apt. #, etc.

22 CAROL CITY FL  
City & State

27 CAROL CITY FL  
City & State

23 33056 US  
Zip Country

28 33056 US  
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

RATIOUS, HELDORE  
20019 NW 34TH COURT  
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Ratious Heldore*

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

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HELDORE, RATIOUS  
STREET ADDRESS 20019 NW 34TH COURT  
CITY-ST-ZIP CAROL CITY FL 33056  
☒ DELETE

TITLE C  
NAME CANTON, DARREN  
STREET ADDRESS 7125 N W 186 ST  
CITY-ST-ZIP MIAMI FL 33015  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME HELDORE, RATIOUS  
1.3 STREET ADDRESS 20019 N.W. 34TH CT  
1.4 CITY-ST-ZIP CAROL CITY FL 33056  
☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME CANTON, DARREN  
2.3 STREET ADDRESS 20019 N.W. 34TH CT  
2.4 CITY-ST-ZIP CAROL CITY FL 33056  
☒ Change ☐ Addition

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

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

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

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

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: *Ratious Heldore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 305-623-0015  
Date Daytime Phone #

CR2E034 (11/98)