

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 007 ***150.00

DOCUMENT # P97000048705

1. Entity Name

MG STUDIOS, INC.

Principal Place of Business

**1000 UNIVERSAL STUDIOS PLAZA STE 225
 ORLANDO FL 32819**

Mailing Address

**P.O. BOX 4725
 WINTER PARK FL 32793
 US**

2. Principal Place of Business

2005 Tree Fork Lane

Suite, Apt. #, etc.

Ste #113 - Unit D

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Address

2005 Tree Fork Lane

Suite, Apt. #, etc.

Ste #113

City & State

Longwood, FL

Zip

32750

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GIBILISCO, MICHAEL
 1000 SOUTH SEMORAN BLVD. #211
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **GIBILISCO, MICHAEL**
 STREET ADDRESS **13832 VISTA DEL LAGO**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VP** ☐ Delete
 NAME **GIBILISCO, CLAUDINE ANNE**
 STREET ADDRESS **13832 VISTA DEL LAGO**
 CITY-ST-ZIP **CLERMONT-FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Michael Gibilisco **Michael Gibilisco**

2/5/01

407-679-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)