

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101710

1. Entity Name

INNOVATIVE STUDIOS CORPORATION

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90100 005 ***550.00

Principal Place of Business

Mailing Address

830-13 A1A NORTH
SUITE 101
PONTE VEDRA BEACH FL 32082

200 W. FORSYTH STREET
SUITE 1730
JACKSONVILLE FL 32202-4359

2. Principal Place of Business

3. Mailing Address

One Independent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2000

City & State

City & State
Jacksonville, FL

4. FEI Number

59-3540075

Applied For

Not Applicable

Zip

Country

Zip
32202

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAUGHON, RICHARD S
200 W. FORSYTH ST.
STE 1730
JACKSONVILLE FL 32202

Name

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

One Independent Drive, Suite 2000

City

Jacksonville

FL

Zip Code

32202

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
NIELSEN, JARED D
830-13 A1A NORTH, STE 101
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)