2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT**

DO

1. Ent

DRE/



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90096 044 ***150.00

CUMENT #	P97000102838	
ty Name AMVISION STUDIO S	B, INC.	
		O WT

Mailing Address Principal Place of Business 232 S. DILLARD STREET 232 S. DILLARD STREET SUITE 204 SUITE 204 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3518588 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILANSKAS, RICHARD M JR. Street Address (P.O. Box Number is Not Acceptable) 232 S. DILLARD STREET SUITE 204 Zip Code WINTER GARDEN FL 34787 City 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. I am familiar with, and accept the obligations of registered agent. *Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Pavable to Florida Department of State

MIARE CHECK	rayable to florida beparation of the			<u> </u>	
10.	OFFICERS AND DIRECTORS		11. /	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILANSKAS, RICHARD M JR. 2525 LAKE GRIFFIN ROAD LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the examption 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 fedured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowed to exechanged, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP