

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000015831**1. Entity Name  
**STUDIO PARK PARTNERS, INC.**Principal Place of Business  
956 SALERNO CT.  
KISSIMMEE FL 34758  
Mailing Address  
956 SALERNO CT.  
KISSIMMEE FL 34758

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-3525844**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KENNON HANS ESQ.**  
201 E. PINE ST., SUITE 1500**ORLANDO FL 32801 US****7. Name and Address of New Registered Agent**Name  
**KENNON HANS ESQ.**Street Address (P.O. Box Number is Not Acceptable)  
**321 EAST GEORGIA AVENUE**City  
**LONGWOOD FL 32750**

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 **HANS KENNON, ESQ****04/28/2001**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	SHAW JAN	5329 VANTAGE AVE #5	NORTH HOLLYWOOD CA 91607	<input type="checkbox"/>
COO	KENNON HANS	654 ROARING DRIVE #221	ALTAMONTE FL 32714	<input type="checkbox"/>
VP	KODNER LEWY	5329 VANTAGE AVE #5	NORTH HOLLYWOOD CA 91607	<input type="checkbox"/>
CEO	WINFORD BOB	956 SALERMO CT	KISSIMEE FL 34758	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
COO	KENNON HANS	P.O. BOX 160742	ALTAMONTE SPRINGS FL 32716	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	KODNER LEWY	6616 RANDI AVENUE	CANOGA PARK CA 91303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Hans Kennon****COO****04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)