

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90040 039 ***150.00

DOCUMENT # P98000019250

1. Entity Name
CONNECT STUDIOS, INC.

Principal Place of Business 100 NORTH BISCAYNE BOULEVARD 21ST FLOOR - WORLD TOWER MIAMI FL 33132	Mailing Address 100 NORTH BISCAYNE BOULEVARD 21ST FLOOR - WORLD TOWER MIAMI FL 33132-2904
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947	3. Mailing Address c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947
---	---

City & State Weston, FL	City & State Weston, FL
-----------------------------------	-----------------------------------

4. FEI Number 65-0836894	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33326-6947	Country USA	Zip 33326-6947	Country USA
--------------------------	-----------------------	--------------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
~~MILLER, REBECCA M.~~
~~100 NORTH BISCAYNE BOULEVARD~~
~~21ST FLOOR - WORLD TOWER~~
~~MIAMI FL 33132~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
c/o Miller & Webner, PA
2442 Poinciana Court
 City
Weston **FL** Zip Code
33327

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 Rebecca M. Miller DATE 3/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete HARDIN, EDWARD 100 NORTH BISCAYNE BOULEVARD #5 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LINDEMANN, HANJO 100 NORTH BISCAYNE BOULEVARD #5 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRANKE, DIRK 100 NORTH BISCAYNE BOULEVARD #5 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Edward Hardin, c/o Miller & Webner 2442 Poinciana Court Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Dirk Franke, c/o Miller & Webner, PA 2442 Poinciana Court Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dirk Franke DATE 04/15/00 (954) 385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Dirk Franke, Director

CR2E034 (9/99)