


<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000034444</b>		
1. Corporation Name <b>BLUE STUDIO, INC.</b>		

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90010 027 \*\*\*158.75

09-10-1999 90002 027 \*\*\*\*\*8.75

09-10-1999 90002 028 \*\*\*391.25



Principal Place of Business 720 NE 69TH STREET, #4S MIAMI FL 33138	Mailing Address 720 NE 69TH STREET, #4S MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3239 S. Ft. Royale Dr. Suite, Apt. #, etc. # D City & State Ft. Lauderdale FL Zip 33308 Country USA		2a. Mailing Address 26 3239 S. Ft. Royale Dr. Suite, Apt. #, etc. # D City & State Ft. Lauderdale, FL Zip 33308 Country USA		3. Date Incorporated or Qualified 04/13/1998	
4. FEI Number 65-0830017		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STARK, JEANNETTE 1688 MERIDIAN STREET, STE. 702 MIAMI BEACH FL 33139			10. Name and Address of New Registered Agent 81 Name Kim M. STARK 82 Street Address (P.O. Box Number is Not Acceptable) 3239 S. PORT ROYAL DRIVE #D 83 84 City Ft. LAUDEDALE FL 85 Zip Code 33308		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Kim M. Stark*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

8/13/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kim M. STARK 3239 S. PORT ROYAL DRIVE #D Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

8/13/99

Date

954-492-8867

Daytime Phone #

CR2E034 (11/98)