

2002 UNIFORM BUSINESS REPORT (UBR):

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90358 047 ***150.00

0002930 AV

DOCUMENT # P98000052668

1. Entity Name
RIVER STUDIO, INC.

Principal Place of Business
**747 SOUTH FLETCHER AVE
 FERNANDINA BEACH FL 32034**

Mailing Address
**747 SOUTH FLETCHER AVE
 FERNANDINA BEACH FL 32034**

2. Principal Place of Business
3746-Maranatha Rd.
 Suite, Apt. #, etc.

3. Mailing Address
3746-Maranatha Rd.
 Suite, Apt. #, etc.

City & State
Yulee, Florida

City & State
Yulee, Florida

Zip
32097

Country
Nassau

Zip
32097

Country
Nassau

4. FEI Number **59-3518141** 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

CROFT, JAMES K
1324 S. 14TH STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name _____
 (Agent Number is Not Acceptable)

FL Zip Code _____

8. The above named entity submits this statement for the purpose of _____

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.)

Please note change of address. Thank you.

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	CROFT, JAMES K	
STREET ADDRESS	747 SO FLETCHER AVE	
CITY-ST-ZIP	FERNANDINA FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)