


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90049 031 ***158.75

DOCUMENT # P98000052668

1. Entity Name
RIVER STUDIO, INC.



Principal Place of Business
3746 MARANATHA RD
YULEE FL 32097

Mailing Address
3746 MARANATHA RD
YULEE FL 32097



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1527
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fernandina Beach FL

City & State
Fernandina Beach FL

Zip
32035

Country
Nassau

4. FEI Number
59-3518141

Applied For
Not Applicable

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

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
James K. Croft
Street Address (P.O. Box Number is Not Acceptable)
3746- Maranatha Road
City
Yulee
State
FL
Zip Code
32097

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 James K. Croft *James K. Croft* DATE 3-4-03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CROFT, JAMES K | |
| STREET ADDRESS | 747-60 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kathleen E. Hardin | |
| STREET ADDRESS | 3746- Maranatha Road | |
| CITY-ST-ZIP | Yulee, FL 32097 | |
| TITLE | James K. Croft | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James K. Croft | |
| STREET ADDRESS | 3746- Maranatha Road | |
| CITY-ST-ZIP | Yulee, FL 32097 (address change) | |
| 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 | | |

12. 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 10 or Block 11 if changed, or on an assignment with an address, with all other like empowered.

SIGNATURE: Kathleen E. Hardin *Kathleen E. Hardin* DATE 3-4-03 (904) 261-3505

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)