FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059102 1. Corporation Name

THINK TANK STUDIO, INC.

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	•
Principal Place of Business	Mailing Address
10820 SOTH AVENUE NORTH	10820 60TH AVENUE NORTH

May 04, 1999 8:00 am Secretary of State

05-04-1999 90076 021 ***150.00



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Principal Place	of Business	Mailing Address						
10820 60TH AVE SEMINOLE FL 33		10820 60TH AVENUE NORTH SEMINOLE FL 33772			. DO.NOT_WRIT	E IN THIS S	SPACE	
بر. چارسون چارسون شد. سار		والمستوام سيقيق فسيدمون	- ,	سہ. محدت	3. Date Incorporated or Qualifed	<u>114-11110</u>	O TOPE	
		·			07/02/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21 1221 I	Rogers Street	26 1221 Rogers St	reet		59=3522883			Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional Required
22 Suite City & State	D	Suite D City & State			6 Flortion Campaign Financing			0 May Be
_ ′	wter, FL	28 Clearwater, FI		* - ,	Election Campaign Financing Trust Fund Contribution			ed to Fees
Zip Zip	Country	Zip Zip	Country	/	8. This corporation owes the curre	nt vear Inta		
_	25 USA	29 33756 30		IISA	Personal Property Tax.	-	Yes	□No
24 33756	9. Name and Address of Current			.USA	10. Name and Address of New Ro	gistered A	gent	
ecur	•		81	Name		-		4
	oenau, Marlies o 60th Avenue North		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	NOLE FL 33772		83	-				
			84	City			85 Z	ip Code
				<u>L</u>	i a la di a la	FL	hanaina	ito registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	nt Florida. Such change was autho	rizea ov	r the corporat	poration submits this statement for the sion's board of directors. I hereby accept	the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regi	stered Ace	nt signature requir	ed when reinstating)	DATE		·
12.	OFFICERS ANI		13.	<u>, </u>	ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Chang	ge 🗌 Addition
NAME	SCHOENAU, MARLIES	i	1.2 NAME					
STREET ADDRESS	10820 60TH AVENUE NORTH		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				☐ Chang	ge 🔲 Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP		1	2. 4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE				Chang	ge 🔲 Addition
NAME		J	3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
C/TY-ST-ZIP			3.4. CITY-	ST-ZIP			F-7 6:	
TITLE		☐ DELETE	4.1 TITLE			•	Chang	ge Addition
NAME	•		4. 2 NAME		-	_	_	-
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NAME			5.2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	·		5.4 CITY-S	ST- ZIP			<u> Почан</u>	oo 🗆 🗖 6 dalki-
TITLE ,		☐ DELETE	6.1 TITLE				☐ Chan	ge 🔲 Additio
NAME		J	6.2 NAME	J				
STREET ADDRESS	A STATE OF THE STA		6.3 STREE	TADDRESS	•			

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.

