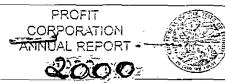
Applied For Not Applicable

\$8.75 Additional



FLORIDA DEPARTMENT OF STATE

Xatherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000068036 DOCUMENT # 1. Corporation Name

STUDIO VIRTUA, INC.

2. Principal Place of Business

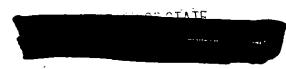
Suite, Apt. #, etc.

Principal Place of Business	Mailing Addréss	
6717 TARREGA STREET CORAL GABLES FL 33146	6717 TARREGA STREET CORAL GABLES FL 33146	

2a. Mailing Address

Suite, Apt. #, etc.

FILED 00 APR 27 PM 4: 42



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/04/1998

4. FEI Number

	27						5. Certificate of Status Desired	Z	\$6.75 A	
City & Stat	City & State City & State			& State			Election Campaign Financing Trust Fund Contribution	· .	\$5.00 Added to	
7	.	Country	cuntry Zip							o rees
	Ī.	25	29		30		8. This corporation owes the current year Intangible Personal Property Tax.			
^ - i	9. Name and Address of Current Registered Agent				1301		10. Name and Address of New Registered Agent			
					81	Name		7109101010	7.94	
PROHIAS, CLAIRE S										
6717 TARREGA STREET				82	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33146					83	83				
							•		\	
					84	City		7-1	85 Zip C	ode
			7.0500 1.007.10	00 51 11 51 11		<u> </u>		<u></u>	<u>- </u>	
11. Pursuant office or r	to the provision registered age	ons of Sections 60 nt. or both, in the	77.0502 and 607.15 State of Florida, Su	08, Florida Statut ich chance was a	es, the above uthorized by	e-named co the corpora	rporation submits this statement for thation's board of directors. I hereby acc	e purpose of apt the appoi	changing its i intment as rec	registered sistered
agent. í a	m familiar with	n, and accept the	obilgations of, Secti	ion 607.0505, Fío	rida Statutes	. '				,
SIGNATURE			<u> </u>	<u> </u>			<u> </u>		<u> </u>	
40	Signature, typen o		ered agent and title if applica			t signature requ	ered when reinstating)	DATE	ID DIDCOTO	50.00.40
12.		OFFICE	RS AND DIRECTOR	RS □ DELETE	13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE .	D			[] DETE IE	4 1.1 TITLE		ຽດກຸດກວ	-24 -24	Change	Addition
NAME	WRIGHT.	ALLAN	A ~		1.2 NAME	'	500003 -05/11	<i>-</i> 2.50 m ≥ 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12
STREET ADDRESS				1.3 STREET	ADDRESS	UUV 11 ******1	/UUTTU. 50 75	10140 ****15{	1 <u>6</u> 3 75	
CiTY-ST-ZIP	L.Mia	mi-FL			1.4 CITY-S	r-ZiP		30.13		
TITLE	D DELETE		2.1 TITLE				Change	Addition		
NAME	PROHIAS,				. 2.2 NAME					
STREET ADDRESS		REGA STREET			2.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GA	ABLES FL 3314	6		2. 4 CITY-S	T-ZIP			·	
TITLE		•		☐ DELETE	3.1 TITLE	j			Change	Addition
NAME					3.2 NAME	ĺ	1			
STREET ADDRESS	· •				3.3 STREET	ADCRESS				~
CITY-ST-ZIP					3.4. CITY-S	T-ZIP				
TITLE				☐ DELETE	4,1 TITLE				☐ Change	☐ Addition
NAME					4, 2 NAME					
STREET ACCRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 C/TY-S1	r-z:p				
TITLE				☐ DELETE	5.1 TITLE				☐ Change	Addition
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STREET ADDRESS					5.3 STREET	ADDRESS -				,
CiTY-ST-ZiP					5.4 CITY-ST	f-ZIP				
TITLE	ļ <u></u>			DELETE	6.1 TMLE			 	Change	Addition
NAME	1	-			6.2 NAME	}			Øn.	'
STREET ADDRESS		t			6.3 STREET	ADDRESS		•	3 P	
		•			6.4 CITY-S					
14. I hereby o	L certify that the	information supp	lied with this filling de	oes not qualify for		-	Section 119.07(3)(i), Florida Statutes	. I further car	rtify that the in	iformation
indicated	on this annua	I report or supple	mental annual tenor	rt is true and accu	rate and that	mv signati	tre shall have the same legal effect as purred by Chapter 607, Florida Statute	ii made undi	er oath: that I	am an