

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092332

1. Entity Name

ROC STUDIOS INTERNATIONAL, INC.

Principal Place of Business

1819 S. GADSDEN ST., STE. C
TALLAHASSEE FL 32301-5556

Mailing Address

P.O. BOX 5166
TALLAHASSEE FL 32314-5166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHARLES, ROBERT O
1819 S. GADSDEN ST., STE. C
TALLAHASSEE FL 32301-5556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PT
NAME CHARLES, ROBERT O
STREET ADDRESS 1819 S. GADSDEN ST., STE. C
CITY-ST-ZIP TALLAHASSEE FL 32301-5556 ☐ Delete

TITLE VS
NAME DORSEY, SHANTAE A
STREET ADDRESS 2060 CONTINENTAL AVE., APT. 241
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME CHARLES, SHANTAE A.
STREET ADDRESS 1014 S. GADSDEN ST SUITE 2
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O. CHARLES

30 May 2001

Date

850.224.4880

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)