

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 008 ***158.75

DOCUMENT # P98000092332

1. Entity Name

ROC STUDIOS International, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1819 S. Gadsden St

Suite, Apt. #, etc.

Suite C

City & State

Tallahassee, FL

Zip

32301

Country

US

3. Mailing Address

1819 S. Gadsden Street

Suite, Apt. #, etc.

Suite C

City & State

Tallahassee, FL

Zip

32301

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3540024

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert O. Charles

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

1819 S. Gadsden Street

Suite C

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME Robert O. Charles
STREET ADDRESS 1819 S. Gadsden Street, Suite C
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT
NAME SHANTAE A. CHARLES
STREET ADDRESS 1819 S. Gadsden Street, Suite C
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O. CHARLES

5/1/02

Date

850.224.4880

Daytime Phone #