FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90153 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092793

1. Entity Name
ART SCENE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4275 LAKE MARY BLVD
Suite, Apt. #, etc.
City & State
LAKE MARY FL
Zip 32746 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip SAME Country SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number
59 3540901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent
Name
JOHN DUNLEAVY
Street Address (P.O. Box Number is Not Acceptable)
4275 LAKE MARY BLVD
City LAKE MARY FL Zip Code 32746

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 24 APRIL 2002

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JOHN DUNLEAVY
STREET ADDRESS	4275 LAKE MARY BLVD.
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: JOHN DUNLEAVY PRESIDENT 24 APRIL 2002 407 862 9700
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #