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 # P98000093263

BLACK & WHITE STUDIOS. INC

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90127 005 ***150.00



l							
Principal Place of Business Mailing Address					()	18 0 10800 31810 110	710 #1400 tale 10#1
304 BAYFIELD 1	DAINE CHY COOK ELOS	. 301 BAYFIELD DRIVE (D) BRANDON FL 33511	t4Da	HiELDI	<u>, </u>		
BRANDON FL 3	3511	BRANDON FL 33511		O	DO NOT WRITE IN TH	IIS SPACE	
ı					3. Date Incorporated or Qualifed		
					11/02/1998		
Principal Place of Business 2a. Mailing Address							Applied For
21		26			59-3539419		Not Applicable
Suite, Apt. #, etc 27		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	\neg '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Count	ry	This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent			
DEC	OV MICHAEL		8	1 Name			
REEDY, MICHAEL 305 N PARSONS AVE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
BRAN	NDON FL 33510		8	3			
			8	4 City	F	85 Zip	p Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute of Florida, Such change was au	s, the about thorized b	ove-named corporate	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing i	ts registered registered
agent Lar	n familiar with, and accept the obliga	tions of, Section 607 0505, Flor	ida Statuti	es.			
SIGNATURE	Signature, typed or printed name of registered ager	it and tibe if applicable .NOTE	Registered A	jent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	D	☐ DELETE	1.1 TITU			Change	e 🗌 Addition
NAME	CURRAN, CHRISTOPHER		12 NAM	E			
STREET ADDRESS	304 BAYFIELD DRIVE		13 STRI	ET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		14 CITY	- ST- ZIP			
TITLE	D	☐ DELETE	2 1 TITLE			Chang	e Addition
NAME	Curran, anne		22 NAM	E			
STREET ADDRESS	304 BAYFIELD DRIVE		23STRI	EET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		2 4 CIT	-ST-ZiP			
TITLE		☐ DELETE	3 1 11711	=		Change	e 🔲 Addition
NAME			3.2 NAM	E			1
STREET ADDRESS			33 STRI	EET ADDRESS			
CITY-ST-ZIP			34 CITY	-ST-ZIP			
TITLE		☐ DELETE	4 i Titli	Ē .		Chang	e
NAME			4 2 NAN	iE į			
STREET ADDRESS			4 3 STRI	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	· ST-ZIP			
TITLE		☐ DELETE	5 î TITLI			☐ Chang	e Addition
NAME			52 NAM				
STREET ADDRESS			H	EET ADDRESS			1
CITY-ST-ZIP			5.4 C1TY				
TITLE		☐ DELETE	6 1 11711			Chang	e Addition
NAME			62 NAM	E [
STREET ADDRESS			63 STRI	EET ADDRESS			j
CITY-ST-ZIP			64 CITY	-ST-ZIP			

14. 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 changes for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR