

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093263

1. Entity Name
BLACK & WHITE STUDIOS, INC

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90044 043 ***550.00

Principal Place of Business

304 BAYFIELD DRIVE
BRANDON FL 33511

Mailing Address

304 BAYFIELD DRIVE
BRANDON FL 33511

2. Principal Place of Business

644 Oakfield Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2654
Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

59-3539419

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

Zip

33509

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEDY, MICHAEL
305 N PARSONS AVE
BRANDON FL 33510

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CURRAN, CHRISTOPHER
STREET ADDRESS 304 BAYFIELD DRIVE
CITY-ST-ZIP BRANDON FL 33511

TITLE D
NAME CURRAN, ANNE
STREET ADDRESS 304 BAYFIELD DRIVE
CITY-ST-ZIP BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

9/7/00 813-653-2604

CR2E034 (5/00)