

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 # P98000095819

1. Corporation Name  
AFLUENTE STUDIOS, INC.

Principal Place of Business  
1417 COMPTON ST  
BRANDON FL 33511

Mailing Address  
1417 COMPTON ST  
BRANDON FL 33511

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90201 005 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/09/1998

4. FEI Number  
59-3542656

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

POLLNER, JASON B  
1417 COMPTON ST  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name Salena M. Pollner  
82 Street Address (P.O. Box Number is Not Acceptable)  
1417 Compton Street  
83  
84 City Brandon FL 85 Zip Code 33511

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Salena Pollner 03/21/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	RICHARD A. PEART
STREET ADDRESS		1.3 STREET ADDRESS	6655 FORESTWOOD DR. W.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE LAND, FL 33811-2415
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARK A. BRACY
STREET ADDRESS		2.3 STREET ADDRESS	593 HUNTERS RUN BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE LAND, FL 33809
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SALENA M. POLLNER
STREET ADDRESS		3.3 STREET ADDRESS	1417 COMPTON STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P/C
STREET ADDRESS		4.3 STREET ADDRESS	JASON B. POLLNER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1417 COMPTON STREET
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Salena Pollner 04-13-99 813-693-3819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)