

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90079 036 ***150.00

DOCUMENT # P99000007990

1. Entity Name

STARZ STUDIO'S, INC.



Principal Place of Business

164 SAUSALITO BLVD.
CASSELBERRY FL 32707

Mailing Address

164 SAUSALITO BLVD.
CASSELBERRY FL 32707

** AS OF 6/1/04 - ADDRESS WILL CHANGE*

2. Principal Place of Business

1271 SR 436

Suite, Apt. #, etc.

127

City & State

Casselberry FL

Zip

32707

Country

USA

3. Mailing Address

1271 SR 436

Suite, Apt. #, etc.

127

City & State

Casselberry FL

Zip

32707

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3560783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON-MARTIN, MICHELLE
4244 ANDOVER CAY BLVD
ORLANDO FL 32825

*(Drop
"MARTIN")*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME COLON-MARTIN, MICHELLE
STREET ADDRESS 4244 ANDOVER CAY BLVD
CITY-ST-ZIP ORLANDO FL 32825

TITLE PS ☐ Delete
NAME COLON, MICHELLE
STREET ADDRESS 4244 ANDOVER CAY BLVD.
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Divorced - delete
STREET ADDRESS last name "Martin" Just Colon
CITY-ST-ZIP

TITLE PSD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

3/25/04 407-9801