

DOCUMENT # P99000027370

1. Entity Name **PALM BAY STUDIOS #2, INC.**

FILED

01 JAN 24 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDAPrincipal Place of Business  
1800 Collins Avenue  
No. 11F  
Miami Beach, FL 33139

Mailing Address

2. Principal Place of Business  
770 N.E. 69 Street, 5B3. Mailing Address  
407 Lincoln Road, No. 2A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FloridaCity & State  
Miami Beach, FLZip  
33138Country  
U.S.A.Zip  
33139Country  
U.S.A.

4. FEI Number

65-1052174

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Steven C. Cronig, Esq.  
Cronig & Associates, P.A.  
301 Courvoisier Centre  
501 Brickell Key Drive  
Miami, FL 33131-2623Name  
Douglas D. Stratton, Esq.Street Address (P.O. Box Number is Not Acceptable)  
407 Lincoln Road, Suite 2ACity  
Miami Beach FL Zip Code  
33139

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

1/4/01

(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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HOGLE, TIMOTHY M. ☐ Delete  
STREET ADDRESS 720 Palm Bay Lane, Suite 19N  
CITY-ST-ZIP Miami, Florida 33131TITLE  
NAME 300003631223 ☐ Change ☐ Addition  
STREET ADDRESS -02/02/01--01108--010  
CITY-ST-ZIP \*\*\*\*\*900.00 \*\*\*\*\*900.00TITLE DVP  
NAME EHRLICH PETER R. ☐ Delete  
STREET ADDRESS 1800 Collins Ave., NO. 11F  
CITY-ST-ZIP Miami Beach, FL 33139TITLE DVP  
NAME EHRLICH PETER R. ☒ Change ☐ Addition  
STREET ADDRESS 770 N.E. 69 Street, No. 5B  
CITY-ST-ZIP Miami, FL 33138TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
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NAME ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

KE