2000 UNIFORM BUSINESS REPORT (UBR)

3/14 3

FILED
Aug 22, 2000 8:00 am
Secretary of State
03-14-2000 90059 042 ***150.00

DOCUMENT # P99000031897

1. Entity Name
THE RADFORD STUDIO, INC.

R

Principal Place of Business	Mailing Address
2643 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33311	2643 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33334-5637

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1781 NE 48 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FORT LAUDERDALE, Fl.
Zip / Country	Zip: 33334 / Country

4. FEI Number: 65-0908935 ☐ 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
RADFORD, JIM 2643 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33311 SEE NEW MAILING ADDRESS	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D RADFORD, JIM 1781 NORTHEAST 48TH COURT FORT LAUDERDALE FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Jim Radford 3-10-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jim Radford

* This notice was mailed to the old address - please refer all mail to the new address indicated above - Thank you - JR.