

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90195 037 \*\*\*150.00

**DOCUMENT # P99000031897**

1. Entity Name  
**THE RADFORD STUDIO, INC.**

Principal Place of Business  
**2643 NORTH ANDREWS AVENUE  
 FORT LAUDERDALE FL 33311**

Mailing Address  
**1781 NE 48 CT  
 FORT LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1781 NE 48 CT**  
 Suite, Apt. #, etc.  
**FORT LAUD, FL 33334**  
 City & State  
**FL 33334**

3. Mailing Address  
**(same as above)**  
 Suite, Apt. #, etc.

City & State  
**FL 33334**  
 Zip  
**33334**  
 Country  
**FLORIDA**

City & State  
 Zip  
 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

**RADFORD, JIM**  
**2643 NORTH ANDREWS AVENUE**  
**FORT LAUDERDALE FL 33311**

## 7. Name and Address of New Registered Agent

Name  
**JIM RADFORD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1781 NE 48 CT**  
 City  
**FL** Zip Code  
**33334**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/02**  
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RADFORD, JIM 1781 NORTHEAST 48TH COURT FORT LAUDERDALE FL 33334</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02** (954) 772-6990  
 Date Daytime Phone #

CR2E034 (9/01)