

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business  
1781 NE 48 CT  
Suite, Apt. #, etc.

3. Mailing Address  
(same as above)

FORT LAUD, FL 33311

Suite, Apt. #, etc.

City & State  
FT Lland. FL 33311

City & State

Zip 33311 Country BROWARD

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 Ft Lland. 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) DATE 4/26/02

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

## 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	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (454) 772-6980  
Date Daytime Phone #

CR2E034 (9/01)

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9/01/02  
NW