200)	UNIFORM BUS	INESS REPO	RT (UBR)	¬	ρ	3196	7	0527114
DOCLI	MENT # 79900 FLORIDA SCEN	7()3289	14	SECRET TALLAH	FILED ARY OF STATE (SSEE, FLORID)			
		,		OI SEP	18 AMII: 12			
Principal Place 5401 : ORLANA	e of Business S KIRKMAN PO STE 22 TC 32819		kilkman 8551 , £ 32819	£ \$ 22°				
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #. etc		06/03/000	OUT WRITE IN THUS SE	A9 152	5	
City & State	e	City & State		4. FEI Number 55 - 35	6289	1	piled For L'Applicable]
Zip	Country	Zip	Country	5. Certificate of Status	Desirec Li È	8.75 Add se Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Ac	ent		-
	WILLIAM MCCORCK	≅ .€	Name					1
	5001 S KIRKMAN	DO STE 505	Street Addres	s (P.O. Box Number is Not A	cceptable)			
	ORLANDO E 32	75 0						1
	777	(A)	City		FL	Zip Code	;	
8. The aboye	named entity submits this statement for	or the purpose of changing its	registered office or regis	stèred agent, or both, in the S	itate of Fiorida.			
SIGNATURE	Mil	full and	Registered Agent signature red	ured when reinstating)	DATE			
	Signature, typed or printed name of egistered agen							1
9. This corpo				4 4 4 4				
	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200	!! FEE IS \$150.00 00 Fee will be \$550.0 le to Department of !	Trust Fund C		Added	O May Be I to Fees	
	requirement and elects to do so.	After MAY 1, 200 Make Check Payab	00 Fee will be \$550.0	Trust Fund C	S TO OFFICERS AND	Added	I to Fees	
(See crite	option of the control	Make Check Payab	00 Fee will be \$550.0 le to Department of	Trust Fund C	S TO OFFICERS AND	Added	to Fees	
(See crite 11. 11715 NAME STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delete	00 Fee will be \$550.0 le to Department of 12.	Trust Fund C	S TO OFFICERS AND	Added	I to Fees	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	option of the control	After MAY 1, 200 Make Check Payab DIRECTORS Delete	00 Fee will be \$550.0 le to Department of 3 12. TITLE 1/4ME STREET ADDRESS	Trust Fund C	Contribution.	Added	I to Fees	
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delate CLE STE 505	00 Fee will be \$550.0 le to Department of 1 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE	Trust Fund (State ADDITIONS/CHANGE	Contribution.	Added DIRECTORS Change Change	S IN 11	
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delate CLE STE 505	00 Fee will be \$550.0 le to Department of 1 12. TITLE NAME STREET ADDRESS OUTV-ST-ZIP TITLE NAME STREET ADDRESS OUTV-ST-ZIP TITLE	Trust Fund (Contribution.	Added DIRECTORS Change Change	I to Fees S IN 11 Accition Accition	
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DDIRECTORS Delate STE 505	00 Fee will be \$550.0 le to Department of : 12. TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME	Trust Fund (STO OFFICERS AND	Added DIRECTORS Change Change	I to Fees S IN 11 Accition Accition	
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DDIRECTORS Delate STE 505	00 Fee will be \$550.0 le to Department of 1 12. TITLE NAME STREET ADDRESS OUTV-ST-ZIP TITLE NAME STREET ADDRESS OUTV-ST-ZIP TITLE	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change	I to Fees S IN 11 Accition Accition	
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DDIRECTORS Delate STE 505	00 Fee will be \$550.0 le to Department of : 12. TITLE MANE STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change	I to Fees S IN 11 Accition Accition	01 + 100, Just 0
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delate STE 505 Delate Delate	00 Fee will be \$550.0 le to Department of 12. TITLE NAME STREET ADDRESS OTTY-ST-ZIP	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change (****15(Accition Accition Accition	01 + 100, Just 0
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delate STE 505 Delate Delate	00 Fee will be \$550.0 le to Department of : 12. TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-ZIP TITLE	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change (****15(Accition Accition Accition	01 + 100, Just 0
(See crite 11. TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-58-ZIP	OFFICERS AND OF	After MAY 1, 200 Make Check Payab Directors Delate STE SOS Delate Delate Delate	00 Fee will be \$550.0 le to Department of 12. TITLE 1AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITY-ST-ZIP	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change (****15(Accition Accition Accition	0.10c.10cl0
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab DIRECTORS Delate STE 505 Delate Delate	00 Fee will be \$550.0 le to Department of 1 12. TITLE NAME STREET ADDRESS OLTY-ST-ZIP TITLE NAME	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change Change Change Change	Accition Accition Accition	0.10c.10cl0
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab Directors Delate STE SOS Delate Delate Delate	00 Fee will be \$550.0 le to Department of 12. TITLE NAME STREET ADDRESS OLTY-ST-ZIP TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change Change Change Change	Accition Accition Accition	0.10c.10cl0
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OF	After MAY 1, 200 Make Check Payab D DIRECTORS Delete STE STE Delete Delete Delete Delete	00 Fee will be \$550.0 le to Department of 12. TITLE NAME STREET ADDRESS OLTY-ST-ZIP	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change Change Change Change	Accition Accition Accition	0 + 1 × 1 × 1 × 1
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS	OFFICERS AND OF	After MAY 1, 200 Make Check Payab Directors Delate STE SOS Delate Delate Delate	00 Fee will be \$550.0 le to Department of 12. TITLE NAME STREET ADDRESS OLTY-ST-ZIP TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund (STO OFFICERS AND I	Added DIRECTORS Change Change Change Change Change	Accition Accition Accition Accition	0 + 1 × 1 × 1 × 1

I hereby certify that the information adicated on this report or supplied the corporation or the received changed, or on an attachment with the corporation of the corporation or the received changed.

to the exemption stated in Section 119.07(3)(i). Fiorida Statutes, I further certify that the information or my signature shall have the same legal effect as if made under oath, that I am an officer or director mas required by Chapter 607, Fiorida Statutes; and that my name appears in Block 11 or Block 12 if

P9292

August 12, 2001

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302

Re: Florida Scenic Studio Inc (EIN 59-3576289)

To Whom It May Concern:

I am writing this letter in reference to the above-noted corporation. I was just notified by my Accountant recently that we have to file a Uniform Business Report every year and pay \$150.00. However, at this time, I am not sure if this has been done for this year.

I have not received such a form to complete and I rely solely on my Accountant to notify me of any tax notices which are due. Therefore, at this time, I am completing a new form and attaching a check for \$150.00.

We have taken measures to ensure that this will not happen again. Since we have never had any problems in the past and we feel this was an isolated incident, we hope that you will not charge any penalties for this oversight. We appreciate your kind consideration in this matter and please do not hesitate to contact us if you have any questions or need further help.

Sincerely,

Willaim McCorckle