2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT #** P99000032894 1. Entity Name 05-13-2002 90136 024 ***150.00 FLORIDA SCENIC STUDIOS, INC. Mailing Address Principal Place of Business 5401 S. KIRKMAND RD., STE 505 5401 S. KIRKMAND RD., STE 505 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3576289 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCORCKLE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAND RD., STE 505 ORLANDO FL 32819 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be --- After May-1, 2002 Fee will be \$550:00 Tax filing requirement and elects to do so _____ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCCORKLE, WILLIAM STREET ADDRESS 5401 S. KIRKMAND RD., STE 505 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 outrustee empowered to execute in is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if