

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED Jun 06, 2000 8:00 am Secretary of State

05-11-2000 90305 038 ***150.00

DOCUMENT # P99000042448

1. Entity Name FLAMINGO PRODUCTIONS ART STUDIO, INC.

Principal Place of Business 3332 GARFIELD DRIVE HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-3300413 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLIER, JAMES H SR. 4344 SANDDOLLAR COURT NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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

Table with 6 rows for Officers and Directors. Includes titles and addresses for William A Niland and Janet L. Niland.

Table with 6 rows for Additions/Changes to Officers and Directors in 11. Includes checkboxes for Change and Addition.

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)(l), 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: [Signature] WILLIAM A. NILAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-00 813-354-0719 Date Daytime Phone #