

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056909

1. Entity Name
TOLSTOY STUDIOS INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90053 036 ***150.00

Principal Place of Business 928 S. LAKE STERLING CT. CASSELBERRY FL 32707	Mailing Address 928 S. LAKE STERLING CT. CASSELBERRY FL 32707-5400
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 928 S. Lake Sterling Ct. Suite, Apt. #, etc. City & State Casselberry, FL Zip 32707 Country U.S.A.	3. Mailing Address 928 S. Lake Sterling Ct. Suite, Apt. #, etc. Casselberry, FL 32707 City & State Casselberry, FL Zip 32707 Country U.S.A.
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEZ, ROBERT
928 S. LAKE STERLING CT.
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: ~~928 S. Lake Sterling Ct~~ Robert Diez
Street Address (P.O. Box Number is Not Acceptable): 928 S. Lake Sterling Ct.
City: Casselberry FL Zip Code: 32707

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: DATE: 02-11-00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
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	P/O OWNER/ASS. ENGINEER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D OWNER/ENGINEER V/D <input type="checkbox"/> Change <input checked="" 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
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: DATE: 02/11/00 DAYTIME PHONE #: (407) 696-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)