2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 07, 2001 8:00 am Secretary of State DOCUMENT # P99000064571 1. Entity Name EDEN.STUDIOS, INC. 08-07-2001 90009 046 ***150.00 Principal Place of Business Mailing Address 2307 W AZEELE 4800 SOUTH WESTSHORE BOULEVARD #300 SUITE 724 C0074905 TAMPA FL 33609 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address 2th STPeer Šuite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3588328 Not Applicable \$8:75 Additional 5.-Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contributión Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE CR2E034 (5/01 Change ☐ Addition NAME WALKER, RUSSELL C NAME STREET ADDRESS 4800 SOUTH WESTSHORE BOULEVARD SUITE 724 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33611** CITY-ST-ZIP TITLE SVD ☐ Delete TITLE ☐ Change ☐ Addition NAME MELNICK, MATTHEW E NAME STREET ADDRESS 4800 SOUTH WESTSHORE BOULEVARD SUITE 724 STREET ADDRESS CITY-ST-ZIF Tampa FL 33611 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachmen

Daytime Phone #

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 25, 2001

EDEN.STUDIOS, INC. 110 S 12TH STREET TAMPA, FL 33602

SUBJECT: EDEN.STUDIOS, INC. Ref. Number: P99000064571

We have received your document for EDEN.STUDIOS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 001A00043294

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To when it may concern

Enclosed please find our uniform

Passiness Report (UBR)

I am enclosing a check for \$150.00

As you can see by the form we have moved and therefor did not receive the form on a finely basis.

Thank you for your attention to this nather

Russell Walker Rubber

Resident eden. Studies, Inc.

www.gluedigital.com 110 South 12th Street Tampa, FI 33602 813-221-2225