

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90209 010 \*\*\*150.00

**DOCUMENT # P99000065942**

1. Entity Name  
**LEGACY STUDIOS, INC.**

Principal Place of Business  
**4154 INVERRARY DRIVE APT. 111**  
**LAUDERHILL FL 33319**

Mailing Address  
**4154 INVERRARY DRIVE APT. 111**  
**LAUDERHILL FL 33319**

2. Principal Place of Business  
**279 NE 2nd Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State

4. FEI Number **65-0935700**

Applied For  
 Not Applicable

Zip **33444** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MULLIN, JAMES G**  
**2263 N.W. BOCA RATON BLVD. #205**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **MULLIN, JAMES G**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2080 N.W. BOCA RATON Blvd**  
**Suite 6**  
 City **Boca RATON, FL** Zip Code **33431**

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, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **ANDERSEN, OLAF R**  
 STREET ADDRESS **4154 INVERRARY DRIVE APT. 111**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **NUTTER, JANICE K**  
 STREET ADDRESS **4154 INVERRARY DRIVE APT. 111**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 attachment with an address, with all other like empowered.

SIGNATURE:

**JANICE K. NUTTER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02** **954 486 0868**  
 Date Daytime Phone #

05/19/02 AV

CR2E034 (9/01)