DOCUI 1. Entity Name	MENT # S42933 HOFFMAN STUDIO, INC.	יאז (טו		FILED Jan 18, 2000 8:00 am Secretary of State 01-18-2000 90179 039 ***150.00					
Principal Place of Business		Mailing Address							
P.O. BOX 2712 SARASOTA FL 34230-2712		P.O. BOX 2712 SARASOTA FL 34230-2712					-		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP/	VCE	
City & State		City & State			4. FEI Number 59-3059725			Applied For Not Applicable	
Zip	Country		- Country		5. Certificate	of Status Desired		3.75 Add e Required	itional
-	6. Name and Address of Current F	legistered Agent	Nam		7. Name and	Address of New Reg		•	
MEKETON, MELVIN J. 7354 ROSEMONT DR). Box Numbe	er is Not Acceptable)			
ENG	LEWOOD FL 34224	Cit				<u>-</u>	FL	Zip Code	
9. This corpo Tax filing re	Signature, typed or printed name of registered agent as mation is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee will be	50:00	10. Ele	ection Campaign Finar ust Fund Contribution.			0 May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P HOFFMAN, VIRGINIA P.O. BOX 2712 N/A SARASOTA FL 34230	DIRECTORS	12. TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	ADDITIONS	CHANGES TO OFFIC		IRECTORS] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME Street Addre City-St-Zip	ss] Change	Addition
TITLE NAME STRĒET ADDRESS [®] CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	56	~~~] Change	Addition
ITLE IAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Ę] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			C] Change	Addition
13. I hereby c indicated of the corp	Certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w CURE:	true and accurate and that n wered to execute this report ith all other like empowered.	ny signature sha as required by (all have the sar	ne legal effec	t as if made under oat	h; that I am ippears in B	an officer	or director

3	NA	TU	RE:		
				SIGNA	

Daytime Phone # Date