FILED
May 10, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S64503

1. Entity Name
A.W. STUDIOS, INC.

Principal Place of Business	Mailing Address
510 RAVEN AVE. MIAMI SPRINGS, FL 33166-5105 US	510 RAVEN AVE. MIAMI SPRINGS, FL 33166-5105 US

DO NOT WRITE IN THIS SPACE

05062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0280599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, ALLAN PRES.
510 RAVEN AVE.
MIAMI SPRINGS, FL 33166

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Allan Welch 5/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000158793
05/10/04-80003-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELCH, ALLAN PRES
STREET ADDRESS	510 RAVEN AVE.
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	D
NAME	WELCH, LAUREL VP
STREET ADDRESS	510 RAVEN AVE.
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allan Welch 5/6/04 3056887621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #