

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 011 ***158.75

DOCUMENT # F98000000030
1. Entity Name
MYSTIC SCENIC STUDIOS, INC.

Principal Place of Business 1105 EAST STREET DEDHAM MA 02026	Mailing Address 1105 EAST STREET DEDHAM MA 02026-6596
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2. Principal Place of Business	3. Mailing Address 596 PLEASANT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LAKE HELEN FL
Zip	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3041178	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MEROS, GEORGE N JR, ESQ. RUMBERGER, KIRK & CALDWELL 301 S BRONOUGH ST TALLAHASSEE FL 32301	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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, 2000 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	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, JIM	NAME	
STREET ADDRESS	82 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA	CITY-ST-ZIP	
TITLE	VCST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONDORP, JONATHAN	NAME	
STREET ADDRESS	16 HAWTHORNE STREET	STREET ADDRESS	
CITY-ST-ZIP	SOMERVILLE MA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, MICHAEL	NAME	
STREET ADDRESS	109 NORTHDAL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE:** 1/26/00 **DAYTIME PHONE #:** 781-329-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR