FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am **DOCUMENT #** Secrétary of State P00000068348 1. Entity Name 07-23-2002 90337 035 ***150.00 ORA PRODUCTIONS, INC. Principal Place of Business Mailing Address 2340 PERIWINKLE WAY #C PO BOX 688 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1825499 Not Applicable Zip Country Country \$8.75 Additional_ 5. Certificate of Status Desired -- -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUSTIN, ARLENE F Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD. SUITE 206A NAPLES FL 34108 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)Change : ☐ Addition KOSTRUBALA, TERESA NAME Kostrubala, Teresa MAME STREET ADDRESS 1210 KITTIWAKE CIRCLE 550 N. YACHTSMAN DRIVE STREET ADDRESS CITY-ST-ZIP Sanibel Island FL 33957 CITY-ST-ZIP SANIBEL ISLAND, FL 33957 ☐ Delete Change : KOSTENBALA, TERESA NAME KOSTRUBALA, THADDEUS L NAME STREET ADDRESS 550 N. YACHTSMAN DRIVE STREET ADDRESS 1210 KittiWAKE CIRCLE CITY-ST-7IP CITY-ST-ZIP SANIBEL ISLAND FL 33957 SANIBEL ISLAND, FL 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE:

changed, or on an attachment with

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an address, with all other

13. 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.