2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000016620 May 31, 2000 8:00 am Secretary of State Spellman / Lorben Productions, Inc. 05-31-2000 90022 032 \*\*\*150.00 Principal Place of Business 1125 NE 125th Street 1125 NE 125th Street Suite 206 Suite 206 N. Miami, FL 33161 N. Miani, FL 3316) NA054790 2. Principal Place of Business 3. Mailing Address 11111 Biscayne Blvd. IIIII Biscaure Blyd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 222 City & State
N. Micum City & State 4. FEI Number Applied For 65-0471651 N. Miam. Not Applicable 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 Name of the Spellman Cohen, Lawrence J. O. Box Number is No Acceptable) 1125 NE 125th Street Suite 206 N. Miami, FL 33161 City N. Miami <del>43</del>3481 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 D ☐ Change TITLE Delete Alfred E. Spellman Spellman, Monte I. IIIII Biscayne Blvd. #222 1920 NE 211th Terrace STREET ADDRESS CITY-ST-7IP N. Miami Beach, FC 33179 N. Miami, FL 33181 TITLE TITLE Change william M. Lohen cohen, Lawrence J. NAME NAME 1920 NE 211th Terrace STREET ADDRESS STREET ADDRESS 1111 Bis course Blvd, 4222 CITY-ST-ZIP N. Miami Beach, FL 33179 CITY-ST-7IP N. Miami, FL 33181 Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachmeny with an address, with all other like empowered.

Alfred E Spellman

SIGNATURE: