😅 UNIFORM BUSINESS REPORT (UBR) May 11, 2000 8:00 am Secretary of State CUMENT # P96000040767 05-11-2000 90316 044 ***150.00 STUDIO I Productions, INC Mailing Address pel Place of Business ____ CR 835 BENTWATER CR NAPLES FL 34108-6782 - FL 34108 3. Mailing Address
7/7 Pines ide /13 Pines de DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. -- Apt # etc. Applied For 4. FEI Number City & State 65-0664963 ու & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WORLD WIDE CORPORATE SERVICES INC. 1 FINANCIAL PLAZA #2626 FT. LAUDERDALE FL 33394 Zip Code City 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. STEPHEN F. Goldenharg (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be This corporation is eligible to satisfy its intangible 10. Election Campaign Financing Atter MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITI F Delete Soppes, Michelle 195 Tenth Ave STREET ADDRESS CITY-ST-ZIP NEW YOIK, NY 10011 Addition Change Delete Pope, DOMINICK STREET ADDRESS 195 TENTH AVE CITY-ST-7IP New York, NY: 10011 ☐ Addition Change Delete NAME STREET ADDRESS . INVEST CITY-ST-ZIP 21.710 ☐ Addition Change ☐ Delete NAME STREET ADDRESS CITY - ST-ZIP 57-710 [☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIF ET 215 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 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 it 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.

Daytime Phone #