2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000002326 DOCUMENT # 05-05-2003 90187 020 ***150.00 1. Entity Name UNIVERSAL STAR VIDEO, INC. Principal Place of Business Mailing Address 118 HIALEAH DRIVE 118 HIALEAH DRIVE HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0899258 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 RODRIGUEZ, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 8861 NW 142 ST. MIAMI LAKES FL 33018 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete NAME RODRIGUEZ, RIGOBERTO NAME STREET ADDRESS 8861 NW 142ND ST. = STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33018 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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REQUILLEGISMENT RODUCUES -1 SIGNATURE AND TYPED OR PRINTED N ME OF SIGNING OFFICER OR DIRECTOR

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12. I hereby certify that the information supplied with this filing does not gualify 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

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