5/21/01

FILED
Jun 22, 2001 8:00 am
Secretary of State
05-21-2001 90362 034 ***150.00

APR-30-01 02:45 PM EXECUTIVE.ACCOUNTING..IN

2001 UNIFORM BUSINESS REPORT (UBR)

49652

DOCUMENT # P99000072921

1. Entity Name

DREAM FACTORY PRODUCTION, INC.

Principal Place of Business	Mailing Address
7520 UNIVERSAL BLVD. SUITE 113 WINTER PARK, FL 32819 US	8035 BRIGHT CT ORLANDO, FL 32826 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3593515 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAULO HENRIQUE CIGAGNA 8035 BRIGHT CT. ORLANDO, FL 32836	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: Paulo H Cigagna — DATE

9. This requirement is intended to satisfy the municipality Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW WITH FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CIGAGNA, MARCUS PAULO 7520 UNIVERSAL BLVD. WINTER PARK FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CIGAGNA, PAULO HENRIQUE 7520 UNIVERSAL BLVD WINTER PARK FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Paulo H Cigagna — Vice-President — April 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #