2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P01000033945 04-30-2004 90224 047 ***150.00 REDWERKS STUDIO, INC. Mailing Address Principal Place of Business 94074189 1954 NORTHEAST 149TH STREET 1954 NORTHEAST 149TH STREET NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4 FEI Number 65-1088940 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 Name ARTHUR, JOHN A JR Street Address (P.O. Box Number is Not Acceptable) 1954 NE 149 ST MIAMI, FL 33181 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. I am familiar with, and accept the obligations of registered agen-April 29, 2004 SIGNATURE egistered agent and title if applicable. (NOTE: Registered Agent signature réquired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delete TITLE ARTHUR, SOHN A., IR 1954 N.E. 149 STREET Change ☐ Addition ARTHUR, JOHN A JR NAME NAME 1954 NORTHEAST 149TH STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI, FL 33,181 NORTH MIAMI, FL 33181 CITY-ST-ZIP CITY-ST-712 TITLE Delete TITLE ODDMAN, 20YSTON M. ☐ Addition ODDMAN, ROYSTON M NAME NAME 1954 N.E. 149 STREET STREET ADDRESS 1954 NE 149 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 City-St-7iP NORTH MIAMI, FL 33181 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ill changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Arthur April 29, 2004

FILED