above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO CHAPARRO

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000001487

Entity Name: WIZARD FILMS CORPORATION

Current Principal Place of Business:

422 1/2 4TH AVE CHULA VISTA CA 91910

Current Mailing Address:

422 1/2 4TH AVE CHULA VISTA, CA 91910 US

FEI Number: 47-5647443

Name and Address of Current Registered Agent:

CHAPARRO, ALEJANDRO 455 NE 68TH ST MIAMI, FL 33138 US

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	CHAPARRO, ALEJANDRO	Name	VILLASENOR, OLGA
Address	422 1/2 4TH AVE	Address	422 1/2 4TH AVE
City-State-Zip:	CHULA VISTA CA 91910	City-State-Zip:	CHULA VISTA CA 91910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

DIRECTOR

09/16/2016

Date