2001: UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # F72202** 1. Entity Name NEW RIVER PRODUCTIONS, INC. 05-10-2001 90044 006 ***150 00 Principal Place of Business Mailing Address % PAULINA C CAYIA % PAULINA C CAYIA 408 S ANDREWS AVE STE 106 408 S ANDREWS AVE STE 106 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2182017 uderda Not Applicable \$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 CAYIA, PAULINA C **408 SO ANDREWS AVENUE** FT LAUDERDALE FL 33301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SD TITLE ☐ Delete TITLE Change ☐ Addition CAYIA, VIRGINIA Y NAME NAME Cayla, Virginia STREET ADDRESS 408 S ANDREWS AVE STREET ADDRESS 24.48 CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE Delete TITLE Addition CAYIA, PAULINA C. NAME NAME 408 S ANDREWS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE Delete___ TITLE ☐ Addition 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-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-70P

SMANNE CALLED SIGNING OFFICER OF DIRECTOR CALLED

4/27/01 (9/4)524-40W)