2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000000210



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90946 048 ***150.00

1. Entity Name SUNSET PHOTO PRODUCTION	IS COMPANY	
Principal Place of Business 100 N. BISCAYNE BLVD 21ST FLOOR	Mailing Address 100 N. BISCAYNE BLVD., 2	1ST FLOOR

MIAMI FL 33132			MIA	MIAMI FL 33132				A JARANTA JINA JAWA ALIKI ARIJI ARIJI ARIJI ARIJI	111 00 111 00 111 01 110 111	HAD (UA) (1 93 0) (1 HAD)	
2. Principal Place of Business			3. Ma	3. Mailing Address			- ·				
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4. FEI Number 65-0657179 Applied For				
Zip		Country	Zip)	Country	· ····································	- 5 (Certificate of Status Desired	\$8.75 A	Not Applicable	
	6 Name	and Address of Curren	t Pogleter	rad Assault	<u> </u>		_ l		ree nequir	red	
	o. Hame	and Address of Curren	i negister	ed Agent		lame	7. N	lame and Address of New Regist	ered Agent		
BAUR, T	HOMAS				'	, rearries					
		LVD., 21ST FLOOR			S	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL		LVD., 2131 FLOOR			\vdash			-			
MIMINI FL	. 33132				i						
٤					C	ity			FL Zip Cod	de	
8. The above	named entity	submits this statement for	or the pure	pose of changing its	registered o	ffice or registe	rod and	ent, or both, in the State of Florida.			
and deligat	tions of registe	ered agent		area or or arriging ha	rogioterea o	mee or registe	reu age	ent, or both, in the state of Florida.	ı am tamıllar with	, and accept	
CIONATURE.		, ,									
SIGNATURE	Signature, typed o	or printed name of registered agent	t and title if ap	plicable (NOTE	Registered Age	nt signature require	d when roi	pertating	DATE		
				, , , , , , , , , , , , , , , , , , , ,			- T	(JAIE		
. Δfte	ILE NOVIII r May 1, 200	FEE IS \$150.00 Fee will be \$550.00	÷			_	- 1	9. Election Campaign Financin	n \$5. (00 May Be	
Make Check	Payable to	Florida Department o	of State					Trust Fund Contribution,		d to Fees	
10.		OFFICERS AND			11			7/7/03/04/04/04			
TITLE	SD	OTTIOLIS AINS	DITLOTO	Delete	11.		ADI	DITIONS/CHANGES TO OFFICERS			
NAME	LAUFER, E	EDMOND		L. Delete	TITLE [†] Name				☐ Change	☐ Addition	
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12. I hereby certify that the information supplied with this filing close 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: