Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 14, 2001 8:00 am Secretary of State DOCUMENT # H41781 1. Entity Name NADA PRODUCTIONS INC. 08-14-2001 90008 041 ***550.00 Principal Place of Business , Mailing Address WILTON MANORS WILTON MANORS 2216 N.W. 8 TERR. 2216 N.W. 8 TERR. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 2750 SW 2750 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0001935 Miramai Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUKHU, HARRY N. Street Address (P.O. Box Number is Not Acceptable) 2216 N.W. 8 TERR. WILTON MANORS 12750 SW 33 St FT. L'AUDERDALE FL 33311 liramar ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be ~-Tax filing requirement and elects to do so. -After September 12, 2001 Fee will be \$750:00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition ☐ Change CR2E034 (5/01 TITLE ☐ Delete TITLE Theodora Kousounadis SUKHU, HARRY N. NAME NAME STREET ADDRESS 2216 N.W. 8 TERR. STREET ADDRESS 12750 SW 33 St. FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP miramar Delete ☐ Addition TITLE TITLE ☐ Change D٧ NAME NAME SUKHU, RANADAI STREET ADDRESS STREET ADDRESS 2216 N.W. 8 TERR. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the rece changed, or on an attachmen with an address, with all other like empowered.

'URE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: