2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # H73222 1. Entity Name MUMFORD PRODUCTIONS, INC. 04-30-2001 90406 008 ***150.00 Principal Place of Business Mailing Address C/O Jeffrey A. Bernstein 5707 Johnson Street Hollywood, FL 33021 100 N. Biscayne Blvd. Suite 2608 Miami, FL 33132 D0043493 3. Mailing Address 100 N. Biscayne Blvd. 2. Principal Place of Business 5707 Johnson Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2608 City & State Hollywood, FL City & State 4. FEI Number Applied For Miami, FL 59-2650952 Not Applicable Country 33021 Country **USA** \$8.75 Additional 33132 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jeffrey A. Bernstein 100 N. Biscayne Blvd. Street Address (P.O. Box Number is Not Acceptable) Suite 2608 Miami, FL 33132 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TiTLE D/P/V/S/T ☐ Defete TITLE Addition NAME MAME MUMFORD, Beverly STREET ADDRESS STREET ADDRESS 5707 Johnson Street CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33021 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 7IJI F Defete TITLE Change Addition 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 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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 changed, or on an attachment with an address, with all other like empowered.

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/3/01

305-371-4555

Daytime Phone #