2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # K12780** 1. Entity Name SOMY BROADCAST EXPORT CORPORATION 05-11-2001 90065 020 ***150.00 Mailing Address Principal Place of Business 1 SONY DR. 5201 BLUE LAGOON DRIVE EUF EFF SUITE 400 MD T1-20 PARK RIDGE NJ 07656 MIAMI FL 33126 Uŝ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 22-2867168 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Delete TITLE Öhki, Mitsuru 5201 Blue Lagoon Drive RABE, GREGORY NAME 5201 BLUE LAGOON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami. MIAMI FL 33126 CITY-ST-7IP Change **Addition** TITLE Delete TITLE Hara, Nacfumi nees, kenneth L. NAME NAME 5201 Blue Lagoon Drive 5201 BLUE LAGOON DRIVE STREET ADDRESS STREET ADDRESS Migmi FL 33126 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIE Change Addition Delete TITLE TITLE HALBY KAREN 5201 BLUE LAGOON DRIVE ONISHI, TOCJIJIKO -NAME NAME **5201 BLUE LAGOON DRIVE** STREET ADDRESS STREET ADDRESS Miami, FL CITY-ST-ZIP 33126 MIAMI FL CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE TITLE ROTH, STEPHANIE 5201 BLUE LAGOON DRNE ZARATE, ALFONSO V NAME NAME 5201 BLUE LAGOON DRIVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ✓ Addition Change CD Delete TITLE TITLE NUNEZ, MARIA CHRISTINA TSURUMI, MICHIAKI NAME NAME 5201 BLUE LAGOON DRIVE 5201 BLUE LAGOON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI , FL 33126 MIAMI FL 33126 CITY-ST-ZIP Change ☐ Addition **▼** Delete TITLE TITLE MOSES, ROBERT NAME NAME 5201 BLUE LAGOON DRIVE STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL

13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #