2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000015397 1. Entity Name FILED CAST FILM TECHNOLOGY, LLC 01 MAY -4 AM 10: 32 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 2008 18th Street 3. Mailing Address P.O. Box 22:)6 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3684613 Tampa, FL_ Tampa, FL Not Applicable Country Country \$5,00 Additional Zip 33605 5. Certificate of Status Desired USA USA 33601 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Richard A. Jacobson Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd. Suite 1700 Tampa, FL 33602 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. Richard A. Jacobson (NOTE: Registered Agent signature required when reinstating) DATE FILE HOW!!! FEE IS \$50.00. Make Check Fayable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Change Addition TITLE □ Delete MGRM NAME NAME Angel Oliva, Jr. STREET ADDRESS STREET ADDRESS 2008 18th Street CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33605 ☐ Change ☐ Addition ☐ Defete TITLE MGRM NAME NAME James M. Rossman STREET ADDRESS STREET ADDRESS 910 E. Burnett Rd. Esland , Lake, IL 60042 CITY - ST- 7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE MGRM Angel Oliva III 2008 18th Stree Tampa, FL 33605 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Change Addition TITLE Scott P. Schaneville NAME NAME STREET ADDRESS STREET ADDRESS 2008 18th Street CITY-ST-ZIP CITY - ST - ZIP Tampa, FL 33605 Delete TITLE MGRM Change Addition TITLE NAME NAME John E. Oliva Sr. STREET ADDRESS STREET ADDRESS 2008 18th Street CITY - ST- 7IF CITY-ST-ZIP Tampa, FL 33605 TITLE (☐ Change Addition Defete TITLE MGRM NAME NAME John E. Oliva Jr. STREET ADDRESS STREET ADDRESS 2008 18th Street Tampa, FL 33605 CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustge-smoowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, IN WAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #