2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # L20529 1. Entity Name ALPENGLOW PRODUCTIONS, INC. 08-28-2000 90040 019 ***550.00 Principal Place of Business Mailing Address 101 SE 6TH AVE 101 SE 6TH AVE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 00081733 Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0144899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHEREMETA, RICHARD W. 101 SE 6TH AVE **DELRAY BEACH FL 33483** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Defete NAME a00 Gardenia Dr. NAME SHEREMETA, RICHARD W. STREET ADDRESS STREET ADDRESS 101 SE 6TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete TITLE TITLE NAME NAME SHEREMETA, DOLORES E STREET ADDRESS STREET ADDRESS 101 SE 6TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition 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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: