2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 07, 2008 8:00 am Secretary of State DOCUMENT # L43068 03-07-2008 90029 005 ***150.00 GREEN IGUANA ENTERTAINMENT, INC. Principal Place of Business Mailing Address 40040278 % AMIR MAHDIEH % AMIR MAHDIEH 4029 S WESTSHORE BLVD 4029 S WESTSHORE BLVD TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P. O. 3640 5, WEST SHORE BU CR2E034 (12/06) 02222008 Chg-P City & State City & State 4. FEI Number Applied For TAMPA IAMPA EL 59-2985892 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HILLS BARBUSH 33681 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENROEN OLSON DIAZ, JOSEPH L. Street Address (P.O. Box Number is Not Acceptable) 200 N. PIERCE STREET 2522 W. KENNEDY BLVD. TAMPA, FL 33609 4th FLOOR Zip Code 33602 IAM PA 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. I am familiar with, and accept the obligations of registered agent. AURA A. OLSON Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE CALDERONI, RICHARDA. CALDERONI, RICHARD NAME NAME 3640 5. WEST SHORE BLUD STREET ADDRESS 4112 W MCKAY STREET ADDRESS THMPA, FL 33629 CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE MAH DIEH, AMIR A. 3640 S. WEST SHORE BLUD MAHDIEH, AMIR NAME NAME 3932 EDEN ROCK CIRCLE EAST STREET ADDRESS STREET ADDRESS TAMPA. FL 33629 CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HELE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AMIR A. MAADIEN Z-28-08

FILED