| 1. Entity Na | MÊNT # L98 WWORKS, L.C. | 000000444 | 1-4-2- | | FILED | | |
|---|--|---|---|-------------------------------|--|---------------------------------------|--------------------|
| Principal Place of Business 4200 NE 1ST AVE. MIAMI FL 33137 | | Mailing Address 4200 NE 1ST AVE. MIAMI FL 33137 | 4200 NE 1ST AVE. | | O3 FEB 14 AM IO: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| 2. Principal I | Place of Business | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN T | HIS SPACE | π. |
| City & State | | City & State | City & State | | lumber 65-0830794 | | applied For |
| Zip | Country | Zip | Country | 5. Certi | ficate of Status DesiredD | \$5.00 Ad | dditional |
| | 6. Name and Address | of Current Registered Agent | Name | 7. Name | and Address of New Registe | red Agent | |
| 4200 | JN, SUSAN NE 1ST AVE. 11 FL 33137 | | | ddress (P.O. Bax N | umber is Not Acceptable) | | |
| | · _ 1 - | · · · | City. | **** | · · | FL Zip Coo | |
| | named entity submits this stions of registered agent. | statement for the purpose of changing | j its register ed ef fice or | r registered agent, o | or both, in the State of Florida. I | am familiar with, | and accept |
| SIGNATURE | Signature, typed or printed name of n | egiste ed agent and title if applicable. | NOTE: Registered Agent signat | ure required when reinstation | 00) | ATE | |
| | د م <u>نظر</u> د این | FILE Make Check | NOW!!! FEE IS \$ Payable to Depart By September 25, | 50.00 ment of State | 3000035 : 22/0201071011 | |) |
| 9. | MANAGI MGR | NG MEMBERS/MANAGERS | 10. | | ADDITIONS/CHAN | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BRAUN, SUSAN 4200 NE 1ST AVE. MIAMI FL 33137 | ☐ Delete | NAME STREET ADDRESS CITY-\$T-ZIP. | 117 | 8 00008519 : 13/0201008013 | 383 **100.0 | Addition S |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition C |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition |
| STREET ADDRESS. CITY-ST-ZIP | | | STREET ADDRESS | * **. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | II William | · | · 🖸 Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DING: | | Change | ™ S idition |
| TITLE NAME STREET ADDRESS CITY-ST-ZiP | m.i.a | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| 11. I hereby c | on triis report is true and ac | pplied with this filing does not qualify curate and that my signature shall hav or trustee empowered to execute the | for the exemption state | rt se it mada undar | nath: that I am a managing moi | certify that the ir mber or manage | er of the |

Susan Karrie Braun 4200 NE First Avenue, Miami, FL 33137 (305) 438-0193 FLAfilm@msn.com

February 3, 2002

Diane Cushing
Corporate Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: FLA FILMWORKS, L.C.

Ref. Number: L98000000444

Letter Number: 102A00062732

Dear Ms. Cushing,

Enclosed please find my Uniform Business Report that I forgot to sign in the registered agent block. Please do not abandon my filing.

Although I do not have an excuse, I am in my first year as a full-time Miami-Dade County Public School teacher at Miami Edison Senior High School and I am OVERWHELMED with trying to be the best teacher that I can. I thought I had mailed this over a month ago, just as I had thought that I had sent the filing in on time in the first place. It is not like me to miss deadlines. Again, I hope you do not abandon my filing.

Thank you.

Respectfully,

Susan Braun