



FILED
Apr 30, 2005 08:00 AM
Secretary of State

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|---|--|---|--|---|--|
| DOCUMENT # M79971 1. Entity Name LET IT LOOSE, INC. | |  | | Apr 30, 2005 08:00 AM Secretary of State | |
| Principal Place of Business 420 JEFFERSON AVE MIAMI BEACH, FL 33139 US | | Mailing Address 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 04212005 No Chg-P CR2E034 (10/03) | |
| | | | | 4. FEI Number 65-0129434 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | |
| INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 | | | | DO NOT WRITE IN THIS SPACE | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | CD ESTEFAN, EMILIO JR 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VSTD ESTEFAN, GLORIA M 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | P AMADEO, FRANK 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-25-05 (305) 695-7000 | | | |