2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State DOCUMENT # N01000005881 05-13-2002 90033 024 ****61.25 OLAMHAGA PRODUCTIONS, INC. Principal Place of Business Mailing Address 314 78TH ST #3 314 78TH ST #3 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 314 78 57 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - ---City & State City & State 4. FEI Number Applied For heacH ΜΙΔΗΙ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EGREA, CARLOS COREN. CARLOS Street Address (P.O. Box Number is Not Acceptable) 314 78TH ST #3 TAM ST MIAMI BEACH FL 33141 Zip Code 33141 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. χi. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/01)☐ Addition NAME COREA, CARLOS NAME STREET ADDRESS 314 78TH ST #3 STREET ADDRESS CR2E037 CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE PORTOCARRERU, Bayardo NAME PRONCARRERO, BAYARDO NAME STREET ADDRESS 314 78TH ST #3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP ☐ Delete TITLE WHISLER, JENNY NAME NAME STREET ADDRESS 314.78TH ST #3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305,869.4867