2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State DOCUMENT # N0200004364 05-05-2003 91896 006 ****61.25 LSHADDAI PRODUCTION, INC Principal Place of Business Mailing Address 11041843 825 N.W 155TH LANE 1 P.O. BOX 694941 SUITE 307 MIAMI FL 33269 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 4600 S Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable *もしいこうしつと* Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILORD, CHANTALE Street Address (P.O. Box Number is Not Acceptable) 825 N.W 155TH LANE **SUITE 307** MIANT: FLORIDA FL 33169 City Zip Code 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 2 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Detete Addition TITLE Change NAME MILORD, CHANTALE NAME 825 N.W 155TH LANE SUITE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change TITLE ☐ Delete TITLE Addition FERGUSON, AL-ZAHRAWIR S NAME NAME STREET ADDRESS 825 N.W 155TH LANE SUITE 307 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE PIERRE, LISSA K NAME NAME 825 N.W 155TH LANE SUITE 307 STREET ADDRESS 4600 5 W 73 Rd DR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-7IP **HOILYWOOD** ☐ Delete TITLE Change ☐ Addition TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP TITLE W ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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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 617, 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP