2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000001301 CELESTIAL PRODUCTIONS, INC. 05-04-2001 90002 017 ***150.00 Principal Place of Business Mailing Address 175 WEST CAMINO BEAL BOCA RATON FL 82432 175 WEST CAMINO REAL BOCA RATON FL-32432 967247 Principal Place of Business Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5.-Certificate of Status Desired-BROWARI 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENISE MARIE CERA, DENISE MARIE 175 WEST CAMINO REAL BOCA RATON FL 32432 4TON 8. The above name antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CERA, DEAN MICHAEL ☐ Addition ☐ Delete TITLE NAME CERA, DEAN MICHAEL NAME 175 WEST CAMINO REAL STREET ADDRESS STREET ADDRESS LAUDER DALE, FL 335 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 32432 ☐ Delete DENISE MARIE NAME CERA, DENISE MARIE NAME 668 CANARY ARM CIRCLE STREET ADDRESS 175 WEST CAMINO REAL STREET ADDRESS CITY-ST-ZIP BORA RATION FL-82432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR