## FOR PROFIT CORPORATION

Mar 26, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 03-26-2002 90101 010 \*\*\*150.00 AIRTIGHT PRODUCTIONS INC DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 05 KOLAND AVE DO NOT WRITE IN THIS SPACE 4. FEI Number 59. 342093 City & State Applied For CORIDA ACKAWDNNA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4218 ORANGE Fee Required 7. Name and Address of Current Registered Agent COBRAL DO NOT WRITE Box Number is Not Acceptable) 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President TITLE Mili RANOY COBRAL 339 Ketch CT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FLA 32835 CHY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY: ST-ZIP TITLE mile IN THIS SPACE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY ST ZIP TITLE me NAME NAME

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY:ST-21P

CITY ST. ZIP

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NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME