2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000031378 WARRIORS PRODUCTION & MERCHANDISING, INC. 05-14-2001 90262 002 ***150.00 Principal Place of Business Mailing Address 404 WASHINGTON AVENUE 404 WASHINGTON AVENUE SUITE 680 SUITE 680 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 Principal Place of Business 3. Mailing Address 1192 000 1826 192 NW 182 Wa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For PI Nes Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRIQUES, SHONA Street Address (P.O. Box Number is Not Acceptable) **404 WASHINGTON AVENUE** SUITE 680 MIAMI BEACH FL 33139 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete CR2E034 (10/00) TITLE MARLEY, KY-MANI NAME STREET ADDRESS 404 WASHINGTON AVENUE #680 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-7IP TITLE Delete TITLE Addition Change MARLEY, KY-MANI NAME NAME STREET ADDRESS 404 WASHINGTON AVENUE #680 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ے Delete ہے۔ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: X Kuman Valley
SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECT

4/29/01

Daytime Phone #