APR-30-2001 08:06P FROM: 305 913 1031

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May 19, 2001 8:00 am
Secretary of State
05-19-2001 90280 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035396

1. Entity Name

L Studio Inc

Principal Place of Business	Mailing Address
3860 Braganza Ave. Coconut Grove Fl 33133	3860 Braganza Ave. Coconut Grove Fl 33133

A00070528

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1009372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation-Service Company
1201 Hays street
Tallahassee, Fl 32301

7. Name and Address of New Registered Agent

Name: Lourdes Fernandez
Street Address (P.O. Box Number is Not Acceptable): 3860 Braganza Ave.
City: Coconut Grove FL Zip Code: 33133

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] LOURDES FERNANDEZ 5·1·01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lourdes Fernandez 3860 Braganza Ave. Coconut Grove Fl 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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] LOURDES FERNANDEZ 5-1-01 305 446 1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #