FILED
May 22, 2003 8:00 am
Secretary of State
04-30-2003 90150 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037359

1. Entity Name
Shockwave Productions, Inc.

55043125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3087 Inglewood Terr.	3087 Inglewood Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton FL	Boca Raton, FL
Zip 33431 Country Palm Bch	Zip 33431 Country Palm Bch

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1000315 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name C. Ryan Floria

Street Address (P.O. Box Number is Not Acceptable)

3087 Inglewood Terrace

City Boca Raton FL Zip Code 33431

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 _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ryan Floria – President 3087 Inglewood Terrace Boca Raton, FL 33431
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: C Ryan Floria 4/27/03 954-683-3908
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #