04/15/2002 11:47 8634243286 ENTERTAINMENT

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90779 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000039719

1. Entity Name Sensation Productions Inc.

Tax ID# 59-3646355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
126 Woodleaf Dr. Winter	126 Woodleaf Dr.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Winterspings Fl.	City & State: Winterspings Fl	4. FEI Number: 59-3646355 ☐ Applied For ☐ Not Applic
Zip: 32708 Country: USA	Zip: 32708 Country: USA	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: Mark Loria

Street Address (P.O. Box Number is Not Acceptable): 126 Woodleaf Dr

City: Winterspings FL Zip Code: 32708

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: Mark Loria DATE: 4/15/02

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 Tax filing requirement and elects to do so. (See criteria on back) ☑

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May I Added to Fee

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Mark Loria STREET ADDRESS: 126 Woodleaf Dr. CITY-ST-ZIP: Winterspings Fl 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President NAME: Gina Crute Loria STREET ADDRESS: 126 Woodleaf Dr CITY-ST-ZIP: Winter Springs Fl 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Loria (President) 4/15/02 (407)977-6768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Mark Loria