04/27/2001 08:42 3052739137 ORLANDO DE 5/10/

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Jun 20, 2001 8:00 am
Secretary of State
05-10-2001 90127 006 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059019

1. Entity Name
Pelsalek Productions, Inc.

Principal Place of Business: 950 Stillwater Drive, Miami Beach, FL 33141
Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 65-1016655 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Pels, Alejandro
950 Stillwater Drive
Miami Beach, FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/26/01
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)

FEE IS $150.00 ... AFTER MAY 1, 2001 FEE WILL BE $550.00 ... Payable to Department of State

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	ALEJANDRO PELS PRESIDENT 950 STILLWATER DR MIAMI BEACH, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/26/01
Signature and typed or printed name of signing officer or director Date Daytime Phone #