2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # P0000060532 1. Entity Name **Secretary of State** TAURUS PRODUCTIONS OF MIAMI CO. Principal Place of Business Mailing Address 2000 N.E. 135TH ST., #808 2000 N.E. 135TH ST., #808 N. MIAMI FL N. MIAMI FL33181 33181 2. Principal Place of Business 3. Mailing Address 440 SOUTH SHORE DRIVE 440 SOUTH SHORE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI BEACH FL MIAMI BEACH 65-1056500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33141 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTONIO URSO ANTONIO 2000 N.E. 135TH ST., #808 Street Address (P.O. Box Number is Not Acceptable) 440 SOUTH SHORE DRIVE N. MIAMI FL33181 City Zip Code MIAMI BEACH 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. 04/27/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition X Change ANTONIO MAME **HRSO** NAME URSO ANTONIO 4824 N. 74TH STREET STREET ADDRESS 440 SOUTH SHORE DRIVE STREET ADDRESS CITY-ST-ZIP SCOTTSDALE AZ 85251 CITY-ST-ZIP MIAMI BEACH ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: __ANTONIO URSO 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Daytime Phone #

Date