## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P00000071980** 03-29-2004 90038 038 \*\*\*150 00 1. Entity Name UP BEAT PRODUCTIONS, INC. Principal Place of Business Mailing Address しせいんりづりり 1177 NW171 TETROE 1177 NW171 TETTACE FEMEROVERINES FL 33028 CCS# 1277 FEMEROXEFINES FL 33028 3. Mailing Address 2. Principal Place of Business 3001 SW 28th Lane 3001 SW 28th Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chg-P CR2E034 (10/03) Suite #3 Suite #3 City & State Applied For 4. FEI Number Coconut Grove Coconut Grove 65-1027247 Not Applicable \$8.75 Additional USA 33/33 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fernando Roso TOVAR, JOSÉ G Street Address (P.O. Box Number is Not Acceptable) 3001 SW 28th Laue 1725 MAIN STREET 205 WESTON, FL 33326 Zip Code 33/33 Coconut Grove 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, 03/ 23 /04 SIGNATURE. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTSP PTSD TITLE Delete TITLE Change Addition ROSO, FERNANDO ROJO, FERNANDO NAME NAME 50/1c #3 3001 SW 28th Lave STREET ADDRESS 1177 NW 171 TERRACE STREET ADDRESS Coconst Grove, FL 33133 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE ☐ Delete ☐ Change Addition TITLE ROTO, LUIS EUSTASIO NAME NAME 3001 SW 28th Lane Suite #3 STREET ADDRESS STREET ADDRESS Coconut Grove, Fl 33/33 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition nneNAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

03/ 23 /04

305-213-4165