2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # P00000071980 03-31-2006 90015 023 ***150.00 UP BEAT PRODUCTIONS, INC. Principal Place of Business Mailing Address 455 NE 25 ST. SUITE 803 455 NE 25 ST. SUITE 803 MIAMI, FL 33137 MIAMI, FL 33137 50007528 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. Sulte, Apt. #, etc. 03272006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-1027247 Not Applicable \$8.75 Additional Country Ziα Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROJO FERNANDO ROJO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 3001 SW 28TH LANE STE 3 COCONUT GROVE, FL 33133 455 NE 25 Street # 803 Zip Code 33/37 City HIAMI 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 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, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTS D TITLE PTSD ☐ Delete TITLE Change ☐ Addition ROTO, FERNANDO 455 NE 25 Street FERNANDO ROJO. FERNANDO NAME NAME 3001 SW 28TH LANE #3 STREET ADDRESS STREET ADDRESS HIAHI FL 33137 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 Change ☐ Addition TITLE ☐ Delete TITLE ROTO, LUIS EUSTASIO ROJO, LUIS EUSTASIO NAME NAME Street # 803 455 NE -25 3001 SW 28TH LANE #3 STREET ADDRESS STREET ADDRESS F٤ 33137 CITY-ST-ZIP HIAMI CITY-ST-ZIP COCONUT GROVE, FL 33133 ☐ Change ☐ Addition ☐ Delete ппе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Oelete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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