FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000085737 DATTANI ENTERTAINMENT, INC. 05-14-2001 90200 036 ***150.00 Principal Place of Business Mailing Address 1090 WOODCOCK ROAD, SUITE 285 1080 WOODCOCK ROAD, SUITE 285 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address PO BOX 149428 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3466957 ORLANDO Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired USAFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DATTANI, KARISHMA Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00-Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3R2E034 (10/00) Change Addition **PSD** TITLE Delete TITLE NAME DATTANI, KARISHMA NAME STREET ADDRESS STREET ADDRESS 852-B WEST LANCASTER CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32809 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

HINTED NAME OF SIGNING OFFIC