FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91190 012 ***150.00

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DOCUMENT # P00000092638

1. Entity Name
Kosmo Studios, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
33 E. Robinson St.	33 E. Robinson St.
Suite, Apt. #, etc. Suite 250	Suite, Apt. #, etc. Suite 250
City & State Orlando FL	City & State Orlando FL
Zip 32801-1669 Country	Zip 32801-1669 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name John F. kaminski

Street Address (P.O. Box Number is Not Acceptable)
33 E. Robinson St. Suite 250

City Orlando **FL** Zip Code 32801

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 _____ John F. kaminski - President 4-29-02
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	John F. kaminski
STREET ADDRESS	33 E. Robinson St. Suite 250
CITY-ST-ZIP	Orlando FL 32801
TITLE	D/S
NAME	Jason Callison
STREET ADDRESS	33 E. Robinson St. Suite 250
CITY-ST-ZIP	Orlando FL 32801
TITLE	D
NAME	Richard Mayberry
STREET ADDRESS	33 E. Robinson St. Suite 250
CITY-ST-ZIP	Orlando FL 32801
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John F. kaminski Pres 4-29-02 407 649 6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #