2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM P00000098780 DOCUMENT# 1. Entity Name **Secretary of State** COYOTEPE PRODUCTIONS CORP. Principal Place of Business Mailing Address 3450 SW 72 AVE 3450 SW 72 AVE MIAMI FL MIAMI FL 33155 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1057052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENA BERNIE 3450 SW 72 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33155 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. 05/01/2001 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 X Change ☐ Addition CR2E034 (11/00) BERNIE MAME MENA BERNIE NAME MENA 3450 SW 72 AVE STREET ADDRESS STREET ADDRESS 3450 SW 72 AVE CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP MIAMI D ☐ Delete TITLE X Change NAME CASTILLO RAMON NAME CASTILLO RAMON STREET ADDRESS 15690 BULL RUN RD, APT 290 STREET ADDRESS 15690 BULL RUN RD, APT 290 CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP MIAMI LAKES FL33014 Delete TITLE ☐ Addition 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 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.

05/01/2001

Daytime Phone #

Date

BERNIE MENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _