2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000100554 SUPERSTAR KARAOKE PRODUCTIONS, INC. 4-17-2001 90024 016 ***150.00 Principal Place of Business Mailing Address 11800 NW 27TH STREET 11800 NW 27TH STREET PLANTATION ACRES FL 33323 PLANTATION ACRES FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1053243 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID A GREEN VALDINI, DAVID ESQ Street Address (P.O. Box Number is Not Acceptable) C/O VALDINI, PALMER & HALE, P.A. 1451 W. CYPRESS CREEK ROAD STE 300 NW ।। ४ ०० -FT LAUDERDALE FL 33309 Zip Code 33323 8. The above named entity submits this spatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DAVID A. GREEN SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/0 ▼ Addition TITI F No Delete TITLE Sheri L. RICLO 11800 NW 27 th street HALE, CHRISTOPHER D ESQ NAME NAME STREET ADDRESS STREET ADDRESS 1451 W. CYPRESS CREEK ROAD STE 300 PLAN to FION ACRES, FL 33323 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 V/5/T/D Delete TITLE TITLE DAVID A GREEN NAME NAME 11800 NW 27th street STREET ADDRESS STREET ADDRESS PLANTATION Acres, FL 33323 CITY-ST-ZIP CITY-ST-2IP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

954 791 2075

Daytime Phone #