2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State P00000110426 DOCUMENT # 1. Entity Name 05-06-2002 90070 033 ***150.00 CHALE ENTERTAINMENT, INC. Mailing Address Principal Place of Business P.O. BOX 473032 P.O. BOX 473032 MIAMI FL 33247 MIAMI FL: 33247 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt..#, etc. Applied For City & State 4. FEI Number City & State 65-1056508 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEAN-BAPTISTE: KERVIN Street Address (P.O. Box Number is Not Acceptable) 825 NW 52 ST: MIAMI FL 33127 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable - -- 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE TITLE PD NAME NAME JEAN-BAPTISTE, KERVIN STREET ADDRESS 825 N.W. 52 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-SI-ZIP Change ☐ Addition ☐ Delete NAME DUPERVAL, SAMUEL STREET ADDRESS STREET ADDRESS 825 NW 52 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** ☐ Addition Change TITLE Delete TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP Change ☐ Addition TITLE ☐ Delete 知能多為 95% NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

43. 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:

FILED