FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91523 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110491

10090383

1. Entity Name
PRISMA FILMS, INC.

Principal Place of Business	Mailing Address
111 SW 6TH ST FT LAUDERDALE, FL 33301	111 SW 6TH ST FT LAUDERDALE, FL 33301

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5201 NE 24th Terrace	5201 NE 24th Terrace
Suite, Apt. #, etc. Suite A-206	Suite, Apt. #, etc. Suite A-206
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip 33308 Country	Zip 33308 Country

4. FEI Number 65-1058502 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
133 SEVILLA AVE
CORAL GABOLS, FL 33134-6006

7. Name and Address of New Registered Agent

Name: Joseph B. Ryan III
Street Address (P.O. Box Number is Not Acceptable): 2701 S. Bayshore Dr., Suite 402
City: Coconut Grove FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee Will be $400.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEON, LUCAS TUCUMAN 38, PISO 6 (5000) CORDOBA, ARGENTINA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, GABRIEL TUCUMAN 38, PISO 6 (5000) CORDOBA, ARGENTINA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-24-03 954 632-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #