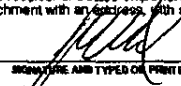


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91523 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000110491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                        |
| 1. Entity Name<br><b>PRISMA FILMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                         |
| Principal Place of Business<br>111 SW 6TH ST<br>FT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address<br>111 SW 6TH ST<br>FT LAUDERDALE, FL 33301                                                                                                                                             |
| 2. Principal Place of Business<br>5201 NE 24th Terrace<br>Suite, Apt. #, etc. Suite A-206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 3. Mailing Address<br>5201 NE 24th Terrace<br>Suite, Apt. #, etc. Suite A-206                                                                                                                           |
| City & State<br>Fort Lauderdale, FL<br>Zip 33308 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City & State<br>Fort Lauderdale, FL<br>Zip 33308 Country                                                                                                                                                |
| 4. FEI Number<br>65-1058502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br>RYAN, JOSEPH B III<br>133 SEVILLA AVE<br>CORAL GABLES, FL 33134-6006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 7. Name and Address of New Registered Agent<br>Name Joseph B. Ryan III<br>Street Address (P.O. Box Number is Not Acceptable)<br>2701 S. Bayshore Dr., Suite 402<br>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.<br>SIGNATURE  DATE 4/25/03<br>(NOTE: Registered Agent signature required when changing office.)                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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 507, 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:  4-24-03 954 632-3740<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                         |

10090383



☒ CHECK HERE IF MAKING CHANGES

CR2034 (1/0/02)