FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am secretary of State P00000114840 DOCUMENT # 1. Entity Name NETSTUDIOZ, INC. 05-19-2002 90097 001 *****8.75 05-19-2002 90097 002 ***150.00 Principal Place of Business Mailing Address 10275 COLLINS AVENUE #629 10275 COLLINS AVENUE #629 BAL HARBOUR FL 33154 **BAL HARBOUR FL 33154** 2. Principal Place of Business 3. Mailing Address 13560 HIGHLANDS 13560 HIGHLANDS Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR Applied For 65-408365 NORTH MIAMI BEACH NORTH BEACH .FL Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33181 United State United State Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERONICA ALETANDRA MALDONADO ROUCA CORPORATION SERVICE COMPANY Street Address (P.D. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 NORTH 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 ROUCA VEROVICA A.HALDONADO nature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE P/D Change TITLE ☐ Delete VERONICA ALEJANDRA MALDONADO ROUCA NAME VERONICA ALEJANDRA MALDONADO NAME 10275 COLLINS AVENUE #629 STREET ADDRESS STREET ADDRESS 13560 HIGHLANDS Dr. BAL HARBOUR FL 33154 CITY-ST-ZIE CITY-ST-ZIP NORTH MIAMI BEACH FL 33181 TITLE ☐ Delete TITLE Change ☐ Addition CAINO, DIEGO G DIEGO GABRIEL CAINO NAME NAME 331 85TH STREET APT. #16 STREET ADDRESS STREET ADDRESS 13500 HIGHLANDS Dr. **BAL HARBOUR FL 33154** CITY-ST-ZIP CITY-ST-7IP NO RTHMIAHI BEACH FL TIŤLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY_ST_7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

TITLE

NAME

WERONICA A MALDONASO ROUCA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/29/2002

(305)776-3111

Daytime Phone #

Change

☐ Addition