FILED

Daytime Phone #

2003 FOR PROFIT CORPORATION

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 30, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000016066 DOCUMENT # 04-30-2003 90073 018 ***150.00 1. Entity Name SONIC EXPRESS ENTERTAINMENT, INC. Principal Place of Business Mailing Address 18520 NW 67TH AVE 18520 NW 67TH AVE 124 124 MIAMI FL 33015 MIAMI FL 33015 3. Mailing Address 1 8553 SouthAmpton 2. Principal Place of Business 8553 SouthAmpton Drive Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1077162 licamar, Florida iramac. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code loging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of ch the obligations of register space SIGNATURÉ Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 _9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE Delete TITLE Jackson, Donald JACKSON, DONALD.II NAME NAME 8553 Southampton Drive 16950 NORTHWEST 42ND AVENUE STREET ADDRESS STREET ADDRESS MirAMAR, Florida 33025 CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIP ☐ Delete Change Addition SD TITLE TITLE Jackson, Andrea L. NAME Jackson. Andrea l NAME 8553 Southampton Drive STREET ADORESS 16950 NORTHWEST 42ND AVENUE STREET ADDRESS CITY-ST-ZIP MirAMAR, Florida 33025 CITY-ST-ZIP MIAM! FL 33055 Change ☐ Addition TITLE □ Delete TITLE ٥. Jackson, Derrick 6 8553 Southampton Drive NAME Jackson, Derrick C NAME STREET ADDRESS STREET ADDRESS 16950 NORTHWEST 42ND AVENUE CITY-ST-ZIP MirAMAR, Florida 33025 CITY-ST-ZIP MIAMI FL 33055 ☐ Addition ☐ Delete STITLE Change NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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