2002 UNIFORM BUSINESS REPORT (UBR) P01000024543 DOCUMENT # 1. Entity Name COMICSTATUES.COM, INC. Mailing Address Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 240 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

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

City & State

PRATS, GABRIEL

CORAL GABLES FL 33134

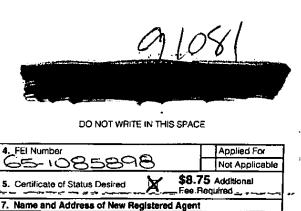
Country

2121 PONCE DE LEON BLVD SUITE 240

6. Name and Address of Current Registered Agent

FILED Jun 03, 2002 8:00 am Secretary of State

05-16-2002 90016 049 ***150.00



Zip Code

FL

SIGNATURE Signature, typed or printed name of registered agent and title if app\$cable. (NOTE: Registered Agent signature required when reinstating) DATE						
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 20 Make Check Payat		FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, DANIEL A 2121 PONCE DE LEON BLVD SUITE CORAL GABLES FL 33134	□ Delate	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
NAME "STREET ADORESS" CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		-Change	Addition -
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition
13. I hereby certify that the information supplied with this filling 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.						

Country

City

Street Address (P.O. Box Number is Not Acceptable)