FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2002 8:00 am P01000027259 Secretary of State DOCUMENT # 1. Entity Name 03-06-2002 90122 010 ***158.75 MIDNIGHT ATTRACTIONS, INC. Principal Place of Business Mailing Address 7649 VENETIAN STREET. SUITE A 7649 VENETIAN STREET. SUITE A MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number *65 ·10864*52 Not Applicable Zip , Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMBIAL TAN SPIÈGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 111AMAR 8. The above named entity submits this stateme t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE VI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete NAME QUINN, SCHERREL NAME STREET ADDRESS 7649 VENETIAN STREET, SUITE A STREET ADDRESS MIRAMAR FL 33023 GITY-ST-ZIP CITY-ST-ZIP TITLE SVD Delete TITLE ☐ Change> ☐ Addition NAME TOUSSAINT, HANS NAME STREET ADDRESS STREET ADDRESS 7649 VENETIAN STREET, SUITE A CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP TITLE Delete TITLE **Change** ☐ Addition TD N R. KAMDIAL RAMDIAL, IAN R NAME 7649 VENETIAN SUITE A MITOMAR, F/ 33023 STREET ADDRESS 7649 VENETIAN STREET, SUITE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR