FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90090 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057666

10045152

1. Entity Name
DAR ENTERTAINMENT, INC.

Principal Place of Business: ~~9148 BYRON AVE, SURFSIDE, FL 33154~~

Mailing Address: ~~9148 BYRON AVE, SURFSIDE, FL 33154~~

2. Principal Place of Business: 2851 NE 183rd St #917E
Suite, Apt. #, etc.: #917E
City & State: AVENTURA, Florida
Zip: 33160 Country: US.

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State: FLORIDA
Zip: 33160 Country: U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1136481 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROMANO, D'ALDO
9148 BYRON AVE.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent
Name: D'Aldo ROMANO
Street Address (P.O. Box Number is Not Acceptable): 2851 NE 183rd St Apt 917E
285 NE 183rd St Apt 917E
City: Aventura FL Zip Code: 33160

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.

SIGNATURE: [signature] D. Romano — 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD, ROMANO, D'ALDO, 9148 BYRON AVE, SURFSIDE, FL 33154~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD, D'aldo Romano, 2851 NE 183rd St Apt 917E, Aventura, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] D'aldo Romano — 3/19/03 — 305-937-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #