FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD/DOO06/26/

FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90875 016 ***150.00

1. Entity Name WEST INDIES PRODUCTIONS, INC							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 452 NE 146 TERR 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & Sta	& State 11AM1, FLORIDA City & State					Applied For Not Applicable	
^{zip} 33	16/ Country U.S.A	Zip	Country		5. Certificate of Status Desired		
				7. Name and Address of Current Registered Agent Name To A Company Com			
, DO NOT WRITE Street				Street Address (P	Address (P.O. Box Number is Not Acceptable)		
Walling Street				City MIAMI FL Zip Code			
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.							
SIGNATURE Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. 10. Election Campaign Financing Added to Fees Added to Fees							
11.	OFFICERS AND D						
NAME STREET ADDRESS CITY-ST-ZIP	JEAN-CLAUDE 450 NE 146		NAME STREET A CHY-ST	ADDRESS:			
TITLE NAME STREET ADDRESS	VANNA PIERRE	5T	TITLE NAME STREET A				
CITY-ST-ZIP TITLE	NORTH MIANI E	3CH, FC 33/62	CITY ST	-ZIP			
NAME STREET ADDRESS		•	NAME STREET A	ODRESS	DA NOTAVIO		
CITY-ST-ZIP 5			CITY ST	7/P	DO NOT WR		
NAME -			(IIIL) NAME		IN THIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP			STREET A				
TITLE			SIME				
NAME STREET ADDRESS			STREET A	DORESS -			
CITY-ST-ZIP			CHY_SI	7IP			
NAME			TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	•		STRIFF A				
13. I hereby c	ertify that the information supplied with th	is filing does not qualify for th	4-04-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	the state of the s	ion 119.07(3)(i). Florida Statutes, Lifuther c	ertify 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 on an attachment with an address with all other like empowered.

SIGNATURE: