2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am § Secretary of State P01000061683 DOCUMENT # 1. Entity Name ELECTROWAVE STUDIOS, INC. 05-10-2002 90016 020 ***150.00 Principal Place of Business Mailing Address 1796 KIRTLEY DR 1756 KIRTLEY DR **BRANDON FL 33511 BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address 1713 KIRTLEY DR 1713 KIRTLE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3737485 REANDOW Not Applicable Country \$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 ANDRES SALAZAR, ANDRES X Number is Not Acceptable) 1758 KIRTLEY DR **BRANDON FL 33511** Zip Code 3351 City 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 mame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT /S/T ☐ Delete CR2E034 (9/01) TITLE Change NAME ANDRES SÁLAZÁR NAME STREET ADDRESS STREET ADDRESS 1713 KIRTLEY Da CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR