200 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT** # P01000072173 FIFD 1. Entity Name THE ART TEMPLE, INC. 03 APR 22 AH 9:01 SECRETARY OF STATE FALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 7141 Indian Creek Dr. 7151 Indian Creek Dr. Miami Beach FL 33141 Miami-Beach-FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 1148323 Applied For City & State City & State Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VISCUSO, MARIVANA 600-88 Street Street Address (P.O. Box Number is Not Acceptable) Surfside FL 33154 City 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. DATE Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 3, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ... ■ Addition TITLE □ Delete VISCUSO, MARIVANA NAME 800016984408 NAME 04/25/03--01001--030 ***300.00 STREET ADDRESS STREET ADDRESS 600-88 Street CITY-ST-789 CITY - ST - ZIP Surfside FL 33154 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7/P CITY-ST-ZIP Addition Addition TITLE Delete TELE Change NAM! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Change Addition Delete NAME

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

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Division of Corporations Tallahassee, FL 32302

REF: THE ART TEMPLE, INC. ANNUAL BUSINESS REPORT

PET # 65-1148323

To Whom It May Concern:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$300.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. In the future we will send the report on time. Thank you very much for your cooperation. Any questions please feel free to contact me.at (305) 541-3980. Sincerely,

President