May 14, 2002 8:00 am Secretary of State **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** P01000074897 DOCUMENT # 1. Entity Name SUNSHINE PRODUCTIONS OF SOUTH FLORIDA, INC. 05-14-2002 90309 017 ***150.00 Principal Place of Business Mailing Address 7810 HARDING AVE #4 7810 HARDING AVE #4 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For IAMI BEACH Not Applicable 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 MUJICA, JHOAN ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7810 HARDING AVE #4 MIAMI BEACH FL 33141 ÷ of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITI E ☐ Change ☐ Addition TITLE ☐ Delete MUJICA, JHOAN ANTONIO NAME NAME 7810 HARDING AVE #4 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE DIAZ, MAURO ANDRES NAME 7810 HARDING AVE #4 STREET ADDRESS STREET ADDRÉSS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TREASUREN JOSE LATREAND VILLEBAS .. ☐ Detete Change NAME 210, 71 ST SUITE 315 STREET ADDRESS STREET ADDRESS MAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does no 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 his 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 keympowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition