

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

<b>DOCUMENT #</b>	P 01000082113	YEAR 2003	
<b>1. Entity Name</b>			
BRAIN DROPS ENTERTAINMENT GROUP CORPORATION			

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
3863 SW 150TH CT.		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
MIAMI, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33185	USA		

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
52-2336281		<input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

<b>7...Name and Address of Current Registered Agent</b>	
<b>Name</b>	
FEDERICO LARINO	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
3863 SW 150TH CT	
<b>City</b>	<b>FL</b> <b>Zip Code</b>
MIAMI	33185

**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.**

<b>SIGNATURE</b>	<b>FEDERICO LARINO</b>	<b>4/21/2003</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

**January 1, May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE	DPS	TITLE	DO NOT WRITE IN THIS SPACE
NAME	MASTRANGELO, MARIELA	NAME	
STREET ADDRESS	3863 SW 150TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	DVPT	TITLE	
NAME	LARINO, FEDERICO	NAME	
STREET ADDRESS	3863 SW 150TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33185	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>	<b>FEDERICO LARINO, VICE-PRESIDENT</b>	<b>4/22/2003</b>	<b>(305) 225-4152</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>