FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT: (UBR)

SIGNATURE:

FILED Jun 20, 2002 8:00 am Secretary of State

DOCUMENT # 06-20-2002 90063 036 ***150.00 PO1.000089652 DO NOT WRITE IN THIS SPACE 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional DO-NOT-WRITE IN THIS SPACE 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS TITLE THTLE avid Nabatoly NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CR2E034B CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Carola, Nebata TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY = ST = ZIP DO-NOT-WRITE CITY-ST-ZIP DTLE TITLE IN THIS SPACE 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 13. Thereby 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 on an attachment with an address, with all other like empowered.

FOR PROFIT CORPORATION ---**UNIFORM BUSINESS-REPORT (UBR)** DOCUMENT # P01000089652 1. Entity Name

3. Mailing Address

City & State

Cape Coral,

fire.

THE. "

HALF

CITY ST-710 13. Thereby 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 austree 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 7th other like empowered.

NABBIE'S PRODUCTIONS, INC.

FL 33904

DO NOT WRITE

IN THIS SPACE

OFFICERS AND DIRECTORS

Country USA

SIGNATURE Signature, typical or printed parms of registerisch aguss and title if implicative

A. David Nabatoff

4204 Country Club Blvd.

4204 Country Club-Blvd.

Cape Coral, FL 33904

Cape Coral, FL 33904

Carol-A.-Nabatoff

9. This corporation is eligible to satisfy its intangible

Tax filling requirement and elects to do so (See criteria on back)

PD

STD

2. Principal Place of Business

Suite, Apr. #, etc.

Cape Coral,

City & State

11.

NAME

TATLE

HAME STREET ADDRESS

TOTLE

NAME

TITLE NAME STREET ADDRESS

TITLE MAN/A STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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SIGNATURE:/

404 Country Club Blvd.

DO NOT WRITE IN THIS SPACE

404 Country Club Blvd DO NOT WRITE IN THIS SPACE Applied For Not Applicable FL 33904 65-1141161 \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of Current Registered Agent David Nabatoff Street Address (P.O. Box Number is Not Acceptable) 404 Country Club Blvd Zip Code 33904 Cape Coral 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. (NOTE: Registered Agent Signature required when reinstaunc) January 1 - May 1: Fee is \$150,00' After May 1; Fee is \$550,00 Amended UBR is \$81.25 Make Check Payable to Department of State \$5.00 May Be Trust Fund Contribution. STRUET ADDRESS CITY ST-ZIP STREET ADDRESS CITY-ST-ZIP, DO NOT WRITE CITY: ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP im.e-STREET ADDRESS CITY STEZE STREET ADDRESS