FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90095 022 ***550.00

(305) 436-2929 Daytime Phone #

DOCUMENT # P01000107962 1. Entity Name CANDY STORE & CARTOON WORLD CORP. B0138480 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1455 NW 107TH AVE. 1455 NW 107TH AVE Suite, Apt. #, etc. KIOSK # 872K Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE KIOSK # 872K City & State MIAMI, FL City & State MIAMI, FL Applied For 65-1152241 Not Applicable Zip 33172 Zip 33172 Country \$8.75 Additional 5. Certificate of Status Desired **USA** USA Fee Required 7. Name and Address of Current Registered Agent Name NELSON I. LUJAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1455 NW 107TH AVE. #872K 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 NELSON I. LUJAN - 09/12/02 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1: Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E634B (12/01) TITLE NAME NAME **NELSON I. LUJAN** STREET ADDRESS STREET AUDRESS 1455 NW 107TH AVE. # 872K CITY-ST-ZIP CITY ST. 7IP MIAMI FL 33172 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY: ST. ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY ST. 219 TITLE TITLE NAME 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 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.

NELSON I. LUJAN - PRESIDEN 09/12/02