FILED May 29, 2003 8:00 am Secretary of State

Devtime Phone #

2003 FOR PROFIT CORPORATION 5/5/2 UNIFORM BUSINESS REPORT (UBR 05-05-2003 91395 027 ***150.00 P02000121429

DOCUMENT # 1. Entity Name AMERICAN HERITAGE ENTERTAINMENT, INC. 55044375 Mailing Address Principal Place of Business 1390 S DIXIE HWY. STE 1203 1390 S DIXIE HWY. STE 1203 CORAL GALBES FL 33146 CORAL GALBES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 14-186 339 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLLE, DENNIS J ESQ Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR, STE 1600 MIAMI. FL 33133 City Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition CR2E034 (10/02) C Celete TITLE ☐ Change HARPER, ALLEN C MAME NAME 1390 S DIXIE HWY, STE 1203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME HARPER, CAROL E NAME STREET ADORESS STREET ADDRESS 1390 S DIXIE HWY, STE 1203 CITY-ST-ZIP City-St-7iP CORAL GABLES FL 33146 ☐ Addition □ Delete NAME ACIERNO, MICHAEL J NAME STREET ADDRESS 1390 S DIXIE HWY, STE 1203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33146 TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Oalete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: _