2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000086792 04-30-2004 90231 039 ***150.00 1. Entity Name THE FIRST ARTIST, INC. Principal Place of Business Mailing Address 917 TEQUESTA ST 917 TEQUESTA ST FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address 442 ME 1Th Ave Suite, Apt. #, etc. Suite, Apt. #, etc 04282004 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Numbe FORT Laudendale Not Applicable Country Baou \$8.75 Additional Brown 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NEWELL, JAMES** Street Address (P.O. Box Number is Not Acceptable) 917 TEQUESTA ST FT LAUDERDALE, FL 33312 City Zip Code 8. The above named entity submits this statement for he 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 JAMES HELL SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE S- 150 NEWELL, JAMES NAME NEWELL, JAMES 442 NE TIL Are NAME STREET ADDRESS 917 TEQUESTA ST STREET ADDRESS FT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP Ft LHUDERdale. 33301 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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 reserver 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 attactynent/with an address, with all plusher like empowered. with an address, with all other like empowered

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

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OFFICER OR DIRECTOR

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