2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P03000109221 FILED 1. Entity Name TV STAR SATELLITE, CORP. 05 JUL 14 PH 1: 25 SECNETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 18310 NW 68TH AVE., APTO K 18310 NW 68TH AVE., APTO K MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address 7837 NW 72nd Avenue 7837 NW 72nd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 07112005 REIN-P City & State Medley, Florida City & State Medley, Florida 4 FEI Number Applied For 20-0463072 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 33166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Silva, Alvaro SILVA, ALVARO Street Address (P.O. Box Number is Not Acceptable) 7837 NW 72nd Avenue 18310 NW 68TH AVE., APTO K MIAMI, FL 33015 Zip Code 33166 City Medlev 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. 7/11/2005 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE \mathbf{D} SILVA, ALVARO NAME NAME SILVA, ALVARO STREET ADDRESS 18310 NW 68TH AVE., APTO K STREET ADDRESS 7837 NW 72nd Avenue, Medley, FL 33166 MIAMI, FL 33015 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition FIGUEROA, LEONARDO S NAME NAME Figueroa, Leonardo S STREET ADDRESS 18310 NW 68TH AVE., APTO K STREET ADDRESS 7837 NWE 72nd Avenue, Meldey, FL 33166 CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP 07.44.705 VIOS 100 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME **500057476915** 07/14/05--01063--001 ***308.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 500057476915 714/05--01063--002 **/00.00 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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 of 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 201-218-93 ACVARO

ED NAME OF BIGNING OFFICER OR DIRECTOR