2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 16, 2008 08:00 A Secretary of State DOCUMENT # P04000087179 1. Entity Name ART FILM GROUP, CORP. Principal Place of Business Mailing Address 1200 MIAMI GARDEN DR 1200 NE MIAMI GARDEN DR 509W 509W MIAMI, FL 33179 MIAMI, FL 33179 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-1203967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5-7-3 6. Name and Address of Current Registered Agent FERNANDEZ, JOSE DO NOT WRITE 1200 NE MIAMI GARDEN DR 509W IN THIS SPACE MIAMI, FL 33179 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. -(NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 U00000899993 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/29/08-80010-018 150.00 10. OFFICERS AND DIRECTORS TITLE FERNANDEZ, JOSE A NAME STREET ADDRESS 1200 NE MIAMI GARDEN DR CITY-ST-ZIP MIAMI, FL 33179 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 wustee empowemed 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone 6