2008 FOR PROFIT CORPORATION

FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90042 016 ***150.00

ANNUAL REPORT

DOCUMENT # P05000045360 1. Entity Name OSCAR D'LEON COPYRIGHT, INC. 60025152 Principal Place of Business Mailing Address 7142 NW 112ND COURT 7142 NW 112ND COURT MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 107 Ave. 2500 Suite, Apt. #, etc. #8 Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FI Miami 20-2576022 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33165 П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTA, EDGAR R Street Address (P.O. Box Number is Not Acceptable) 2500 SW 107TH AVENUE #8 MIAMI, FL 33165 City Zip 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition LEON, OSCAR E NAME NAME 7142 NW 112ND COURT STREET ADDRESS STREET ADORESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information indicated on this report or supplier of the corporation or the receiver of the corporation of the supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information entail 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 further contains the containing the containin changed, or on an attachmer Ith all other like empowered. SIGNATURE: 🖄 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #