05/01/2006 02:54 850-245-6061 FISCAL

[illegible] PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90187 041 ***150.00

DOCUMENT # P05000059487

1. Entity Name: AiRock ProDuctionS, Inc.

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50019010

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2. Principal Place of Business: 1735 Wiley Street
Suite, Apt. #, etc.: Suite 3
City & State: Hollywood, FL
Zip: 33020 Country: USA

3. Mailing Address: 1735 Wiley Street
Suite, Apt. #, etc.: Suite 3
City & State: Hollywood, FL
Zip: 33020 Country: USA

4. FEI Number: 65-0574771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: William Scott, Founder Chairman
Street Address (P.O. Box Number Is Not Acceptable): 1735 Wiley St., Suite 3
City: Hollywood, FL Zip Code: 33020

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], Registered Agent 5/1/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Founder/Chairman
NAME	William Scott
STREET ADDRESS	1735 Wiley St., Suite 3
CITY-ST-ZIP	Hollywood, FL, 33020
TITLE	Pres/Secy-Treasurer/Dir
NAME	William Scott
STREET ADDRESS	1735 Wiley St., Suite 3
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	Registering Agent
NAME	William Scott
STREET ADDRESS	1735 Wiley St., Suite 3
CITY-ST-ZIP	Hollywood, FL, 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing 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 an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/06 954-479-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #