2000 UNIFORM BUSINESS REPORT (UBR) FILED D@CÜMENT # P93000030474 Jun 27, 2000 8:00 am 1. Entity Name EMERALD PICTURES, INC. **Secretary of State** 05-30-2000 90045 046 ***150.00 Principal Place of Business Mailing Address 7751SW 62ND AVE 7751SW 62ND AVE STE 100 STF 100 SOUTH MIAM! FL 33143 SOUTH MIAM! FL 33143 21 US DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0404074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent SANPEDRO_MARIA C 7751-8W 62ND AVE SOUTH MIAMI FL 33143 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE DS Delete TITLE. Change CROUSILLAT, JONGE E TISI SW GZNUNIE #100 NAME CELIS, ALBERTO NAME STREET ADDRESS STREET ADDRESS 7751-8W 62ND AVE CITY-ST-ZIP CITY-ST-ZIP 3 MIAMI FL 33143 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CROUSILLAT, JORGE E STREET ADDRESS STREET ADDRESS 7751 SW 62ND AVE CITY-ST-ZIP CITY-ST-ZIF S MIAMI FL 33143 Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY - ST - ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition MLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director security fulls report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered. I hereby certify that the information supplied wi indicated on this report or supplemental report h this filing is true and of the corporation or the received SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR