FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 13, 2002 8:00 am Secretary of State DOCUMENT # P93000057169 1. Entity Name 06-13-2002 90382 021 ***150.00 ROGUE MARBLE PRODUCTIONS OF FLORIDA, INC. Principal Place of Business Mailing Address 21650 OXNARY ST. 350 PARK AVE 201 EAST PINE STREET NEW YORK NY 10022, STE 1925 #1200 WOODLAND HILLS, CA. ORLANDO FL 32801 91367 US 2. Principal Place of Business 3. Mailing Address 21650 OXNARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE City & State City & State NOODLAND HILLS Applied For 4. FEI Number 65-0448641 · Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "Name MARSHALL, JR, BYRD F ESQ Street Address (P.O. Box Number is Not Acceptable) GRAY, HARRIS & ROBINSON, P.A. 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME STALLONE, SYLVESTER NAME STREET ADDRESS 350 PARK AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KING, KEVIN NAME STREET ADDRESS C/O 350 PARK AVENUE STREET ADDRESS CITY-ST-ZIE **NEW YORK NY 10022** CITY-ST-ZIP~ JITLE . Delete TITLE . ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 13. I hereby certify that the information supplied with this filing does pindicated on this report or supplemental report is true and acceptance. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my eignature shall have the same legal effect as if made under oath; that I am an officer or director or lines are given by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

Date

Daytime Phone #