SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:43

DOCUMENT # P94000008052 (0)

1. Corporation Name

UNDERGROUND FREQUENCIES ORGANIZATION PRODUCTIONS INC.

Principal Place of Business	Mailing Address
405 S.W. 133RD AVE. MIAMI FL 33184-1119	405 S.W. 133RD AVE. MIAMI FL 33184-1119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

4. FEI Number: 65-0464859 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

FERNANDEZ, PABLO R
405 S.W. 133RD AVE.
MIAMI FL 33184-1119

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 6/27/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERNANDEZ, PABLO R
STREET ADDRESS	405 S.W. 133RD AVE.
CITY ST ZIP	MIAMI FL 33184-1119
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

		Change	Addition
1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐	☐
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		☐	☐
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		☐	☐
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐	☐
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP		☐	☐
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		☐	☐

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/27/95 305-369-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049037 CP