2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060287

1. Entity Name

THE ZOO STUDIOS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90210 028 ***158.75

Principal Place of Business	Mailing Address
2775 E. OAKLAND PARK STE 6 FT. LAUDERDALE FL 33316 US	2775 E. OAKLAND PARK STE 6 FT. LAUDERDALE FL 33306-1604 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2550 NORTH FEDERAL HIGHWAY		P.O. BOX 480066	
Suite, Apt. #, etc. SUITE #13		Suite, Apt. #, etc	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33305	Country US	Zip 33348	Country US

4. FEI Number 65-0525767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCHE, ASHLING 2775 E OAKLAND PARK SUITE 6 FT LAUDERDALE FL 33316	Name ROCHE, ASHLING Street Address (P.O. Box Number is Not Acceptable) 2550 NORTH FEDERAL HIGHWAY SUITE #13 City FORT LAUDERDALE FL Zip Code 33305

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] Ashling Roche, Esq. 4/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, SERGIO		NAME		
STREET ADDRESS	160 CENTRAL PARK SOUTH, #3011		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARTINEZ, SERGIO 4/25/00 +34 607 636540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #