2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P9400060287** May 15, 2000 8:00 am Secretary of State THE ZOO STUDIOS, INC. 05-15-2000 90210 028 ***158.75 Principal Place of Business Mailing Address 2775 E. OAKLAND PARK 2775 E. OAKLAND PARK STE 6 STE 6 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33306-1604 2. Principal Place of Business 3. Mailing Address HIGHWAY P.O. Box 2550 NORTH FEDERAL Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Applied For City & State 4. FEI Number 65-0525767 FORT LAUDERDALE FORT LAUDERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASHLING ROCHE, ASHLING Street Address (P.O. Box Number is Not Acceptable) 2775 E OAKLAND PARK SUITE 6 SUITE # 13 FT LAUDERDALE FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE MARTINEZ, SERGIO NAME 160 CENTRAL PARK SOUTH, #3011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ---- Change ☐ Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 custee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

+34607 636540

Daytime Phone #