## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P94000078436 1. Entity Name SUNRISE INTERNATIONAL PRODUCTIONS CORP. 05-19-2002 90068 018 \*\*\*150.00 Principal Place of Business Mailing Address 700 E DANIA BCH BLVD 700 E DANIA BCH BLVD 202 DANIA FL 33004 DANIA FL 33004 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0531466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIVIES, PATRICK Street Address (P.O. Box Number is Not Acceptable) 700 E DANIA BEACH BLVD **STE 202** DANIA FL 33004 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 **\$5.00** May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition NAME ABDESSALEM, MEHADHBI NAME STREET ADDRESS 4609 VERDUN #1 STREET ADDRESS CITY-ST-ZIP VERDON, QC, CANADA H4G-G1MG CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GRILLO, ALAIN NAME NAME STREET ADDRESS 4609 VERDUN #1 STREET ADDRESS CITY-ST-ZIP VERDUN, QC, CANADA H4-G1MG CITY-ST-7IP - -- 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-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR