## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000086928** Jun 20, 2000 8:00 am 1. Entity Name Secretary of State CLEAR IMAGE PRODUCTIONS, INC. 06-20-2000 90007 015 \*\*\*550.00 Mailing Address Principal Place of Business 420 LINCOLN RD. 420 LINCOLN RD. #318 #318 MIAMI BEACH FL 33139-3014 MIAMI BEACH FL 33139 HS 2. Principal Place of Business 3. Mailing Address 3841 DO NOT WRITE IN THIS SPACE Suite: Apt. #. etc. . O 3 203 4. FEI Number Applied For City & State City & State 65-0553165 Not Applicable Country \$8.75 Additional Certificate of Status Desired. USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MICHAEL DONNEIL DONNELL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 111 SIDONIA AVE. APT. #2 808 Brickell Key Dr. CORAL GABLES FL 33134 302 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. DONNELL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD Delete TITLE ☐ Addition TITLE Donnell, Michael DONNELL, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 111 SIDONIA AVE. CITY-ST-ZIP CITY-ST-7IP **CORAL GABLES FL 33134** Mami, FL Change TITLE □ Delete Bravo, Jose BRAVO, JOSE NAME STREET ADDRESS 111 SIDONIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR