2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P95000094244 May 26, 2000 8:00 am Secretary of State 1. Entity Name EAGLE ROCK FILMS, INC. 05-26-2000 90071 046 ***150.00 Mailing Address Principal Place of Business 270 S.W. 31ST STREET 270 S.W. 31ST STREET FORT LAUDERDALE FL 33315-3322 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0678766 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIGDALL, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 270 S.W. 31ST STREET FORT LAUDERDALE FL 33315 Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition TITLE DPS Delete TITHE NAME MIGDALL, SUZANNE NAME STREET ADDRESS STREET ADDRESS 270 S.W. 31ST STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COPOLETTA, JOE NAME NAME STREET ADDRESS STREET ADDRESS 270 S.W. 31 STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Change ☐ Addition ☐ Delete TITLE NORTHROP, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 270 S.W. 31 STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MIGDALL, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 270 SW 31ST ST. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 enpowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR