2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9600001051 1. Entity Name DEARLAB PRODUCTIONS, INC. 05-14-2001 90036 009 ***150.00 Mailing Address Principal Place of Business 4000 NW 89 AVE 4080 NW ,89 AVE CORAL SPRINGS FL 33065 CORAL XPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PORAL SPRINGS City & State 4. FEI Number Applied For 65-0650764 SPRINGS Not Applicable \$8.75 Additional 33065 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LABRIOLA, GARY Street Address (P.O. Box Symbor is Not Acceptable) 4080 NW 39 AVE CORAL SPRINGS FL 33065 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE LABRIOLA, GARY NAME NAME STREET ADDRESS 4080 NW\99TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33065 9621 NW 415 ST. Change Change Addition TITLE ☐ Delete TITLE NAME NAME LABRIOLA, JEAN D STREET ADDRESS STREET ADDRESS 4080 NW 99TH AVE CORAL SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 □ Addition Change □ Delête TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dthar like empowered.

RINTED NAME OF SIGNING OFFICER OR D

SIGNATURE: