2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000063261 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name FLORENT CARMIN PRODUCTIONS, INC. 09-18-2000 90015 037 ***550.00 Principal Place of Business Mailing Address 1400 W. FAIRBANKS AVENUE 1400 W. FAIRBANKS AVENUE SUITE 102 SUITE 102 WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3406634 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lawrence J Chastang -Street Address (P.O.: Box Number is Not Acceptable) WITTEK, DAVID K 326 NORTH FERNCREEK AVENUE ORLANDO FL 32803 1400 W. Fairbanks Avenue, Suite 102 Zip Code **32789** Winter Park egistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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. ☐ Defete TITLE Change ☐ Addition TITLE CARMIN, FLORENT NAME NAME 1158 CARMEL CIRCLE, #420 STREET ADDRESS STREET ADDRESS 1217 Kenwood Avenue CITY-ST-ZIP CITY-ST-ZIE CASSELBERRY FL 32707 Winter Park, FL 32789 Change ☐ Addition ☐ Delete TITLE TITLE CAIN-CARMIN, MICHELLE L NAME NAME 1158 CARMEL CIRCLE, #420 STREET ADDRESS STREET ADDRESS 1217 Henwood Avenue CITY-ST-7IP CASSELBERRY FL 32707 CITY-ST-ZIP Winter Pork, FL 32789 ☐ Change ☐ Addition Delete TITLE TITLE NAME MANIE 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 ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE 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 other like empowered.

SIGNATURE:

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09/13/2000 YOTEBYEH