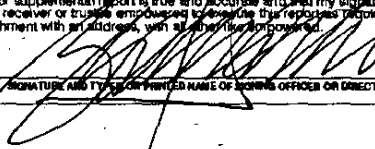


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80114557

DOCUMENT # P97000004788					
1. Entity Name INDIGO ENTERTAINMENT, INC.					
Principal Place of Business 4350 NW 107 AV MIAMI, FL 33178			Mailing Address 4350 NW 107 AV MIAMI, FL 33178		
2. Principal Place of Business 18151 NE 31 COURT Suite, Apt. #, etc. 307		3. Mailing Address 18151 NE 31 COURT Suite, Apt. #, etc. 307			
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA		4. FEI Number 65-0732742 ☒ Applied For Not Applicable	
Zip 33160 Country DADE		Zip 33160 Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROM, ORLANDO 10666 NW 28 ST SUITE 203 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, name or printed name of registered agent and date if applicable) (OFFER: Registered Agent signature required when relinquishing)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	DPS	☐ Delete			
NAME	CAMACHO, GUSTAVO				
STREET ADDRESS	4350 NW 107 AVE 107				
CITY-ST-ZIP	MIAMI, FL 33178				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DPS	☒ Change ☐ Addition			
NAME	GUSTAVO CAMACHO				
STREET ADDRESS	18151 NE 31 COURT # 307				
CITY-ST-ZIP	AVENTURA, FL 33160				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 the reports required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.					
SIGNATURE: 		04/27/03 786-4860637			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Designated Phone #			

CRF0304 (11/02)