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	Mailing Address
4350 NW 107 AV MIAMI, FL 33178	4350 NW 107 AV MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
18151 NE 31 COURT	18151 NE 31 COURT
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.: 307
City & State: AVENTURA, FLORIDA	City & State: AVENTURA, FLORIDA
Zip: 33160 Country: DADE	Zip: 33160 Country: DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0732742 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARROM, ORLANDO
10556 NW 26 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS CAMACHO, GUSTAVO 4350 NW 107 AVE 107 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS GUSTAVO CAMACHO 18151 NE 31 COURT #307 AVENTURA, FL, 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 this report as 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 empowered.

SIGNATURE: ______________________ 04/27/03 786-4860637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #