2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 191000015569 ge to the FILED Studio FX, Inc. 00 NOV -8 PM 3: 29 Mailing Address Principal Place of Business 6900 SW U Ct. Sutte#1 SECRETARY OF STATE TALLAHASSEE, FLORIDA Sarve Davie, FL 37317 USA 2. Principal Place of Business 3. Mailing Address 5/02/00 90/81/02D \$160.C Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0742220 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Borsky a Street Address (P.O. Box Number is Not Acceptable) t for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statem 1+3-00 SIGNATURE Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete Brad Tuckman NAME NAME 6900 SW 21 Ct, , Ste. 1 STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Davie, FL 31317 ☐ Addition ☐ Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition -- - Delete TITLE ------TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change LS ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as ir 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tockman Pres.

1/3-00

954-47231:

Daytime Phone #

50f

11/3/00

Studio FX, Inc. 6900 SW 21 Ct. Ste. 1 Davie, FL 33317

Florida Dept. of State Division of Corporations Attn: Reinstatements PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I had received your letter dated May 9, 2000. Within a few days of having received your letter, I had my registered agent sign where I had forgotten to have him sign. I then mailed back my completed UBR along with a copy of your correspondence.

It has now come to my attention that your records still do not reflect that I have filed my 2000 UBR. In light of this circumstance, and given that you have already timely received my payment, can you please accept this enclosed application for reinstatement in full satisfaction of my filing requirements for the year 2000?

Tha**nk** you,

Brad Tuckman

President