2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am DOCUMENT # P97000033503 **Secretary of State** 1. Entity Name HIERRO STUDIOS, INC. 02-15-2001 90083 044 ***150.00 Principal Place of Business Mailing Address 2052 IMPERIAL CIRCLE 2052 IMPERIAL CIRCLE NAPLES FL 34110 NAPLES FL 34110 C0021907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3440720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIERRO, GREGORY Street Address (P.O. Box Number is Not Acceptable) 2052 IMPERIAL CIRCLE NAPLES FL 34110 City 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. SIGNATURE'. $\hat{g}_{A_1}^{\frac{1}{2}}$. 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change HIERRO, GREGORY NAME NAME STREET ADDRESS 2052 IMPERIAL CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP NAPLES FL 34110 Delete TITLE ☐ Change ☐ Addition TITLE NAME HIERRO, CLAUDIA B NAME STREET ADDRESS 2052 IMPERIAL CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE Delete :--☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trastee empowered be 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.

Hierro

Gregor

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR

SIGNATURE