2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State P97000042002 DOCUMENT # 01-27-2003 90177 011 ***150.00 1. Entity Name KIRANA PRODUCTIONS, INC. Principal Place of Business Mailing Address 7949 SWEETGUM LOOP 7949 SWEETGUM LOOP ORLANDO FL 32835 ORLANDO FL-32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3456074 Not Applicable Zip Country Country Zip \$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 Name WALDMAN, NANCY Street Address (P.O. Box Number is Not Acceptable) 7949 SWEETGUM LOOP ORLANDO FL 32835 F 6. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE TITLE ☐ Change ☐ Addition Delete WALDMAN, NANCY NAME NAME 7949 SWEETGUM LOOP STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITLE NAME WALDMAN, NANCY NAME 7749 SWEETGUM LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE ☐ Change — ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete -TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Jan 27, 2003 8:00 am