Mar 21, 2001 8:00 am DOCUMENT # P9700058398 **Secretary of State** CRACK OF DAWN PRODUCTIONS, INC. 03-21-2001 90079 020 ***150.00 Mailing Address Principal Place of Business 600 NE 36TH STREET 600 NE 36TH STREET STE. 818 STE. 818 MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 4045 Sheridan Av 4501 Prairie Suite, Apt. #, etc Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE **#402** Applied For City & State City & State 4. FEI Number 65-0765529 Not Applicable Miam \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R. Furman FURMAN, DAWN R Street Address (P.O. Box Number is Not Acceptable) 600 NE 36TH STREET STE. 818 MIAMI FL 33137 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** TEVS 3R2E034 (10/00) Delete Change Addition TITLE TITLE FURMAN, DAWN R NAME NAME Furman, Dawn R 600 NE 36TH ST, #818 STREET ADDRESS STREET ADDRESS 404S **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP 33140 Beach. ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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! 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

ON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/27/01

305-674-4432

☐ Change

☐ Addition

Daytime Phone #