2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P97000058820 BE REEL PRODUCTIONS, INC. 01-25-2000 90057 014 ***150.00 Mailing Address Principal Place of Business 5013 S.W. 130TH TERRACE 5013 S.W. 130TH TERRACE MIRAMAR FL 33027 MIRAMAR FL 33027-5542 906037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0767936 Not a Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRY, RUFUS JR. Street Address (P.O. Box Number is Not Acceptable) 5013 S.W. 130TH TERRACE MIRAMAR FL 33027 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. 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 ☐ Change Addition TITLE TITLE D Oelete CURRY, RUFUS JR. NAME NAME STREET ADDRESS 5013 S.W. 130TH TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33027 T Change □ Addition ☐ Delete TITLE WALKER, JEFFREY NAME NAME STREET ADDRESS 2946 S. UNIVERSITY DRIVE, APT. 7204 STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP FT. LAUDERDALE FL 33328 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE DTI F □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change

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 trustee empowered to execute this peport 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

ONE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

January 13,2000 (305)829-3459

☐ Change

Addition