FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068667

1. Corporation Name
MOTIONWORKS INC.

Principal Place of Business	Mailing Address
7503 NW 36ST MIAMI FL. 33166	7503 NW 36ST MIAMI FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-7-97

4. FEI Number: 65-0773164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7503 NW 36ST	26 7503 NW 36ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL.	28 City & State: MIAMI FL.
24 Zip: 33166 25 Country: USA	29 Zip: 33166 30 Country: USA

9. Name and Address of Current Registered Agent
MARK D. ANDERSON
5201 SW 31 AVE
FT. LAUD FL.
33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: If changing Agent, Agent's signature required when reinstating) DATE

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MARK D. ANDERSON	12 NAME	
STREET ADDRESS	5201 SW 31 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL. 33166	14 CITY-ST-ZIP	
TITLE	V ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JUAN COBAS	22 NAME	
STREET ADDRESS	300 ARAGON AVE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL. 33134	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. 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 12 or Block 13 if changed or added by this report with an address.

SIGNATURE: Mark D A 4.29.98 305 477-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)