5/2/2

FROM : Panasonic FAX SYSTEM PHONE NO. : 95496397

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087982

1. Entity Name
JAGUAR STUDIO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 Hallandale Bch Blvd	2500 Hallandale Bch Blvd.
Suite, Apt. #, etc. 707	Suite, Apt. #, etc. 707
City & State Hallandale FL	City & State Hallandale, FL
Zip 33009 Country U.S.	Zip 33009 Country U.S.

05-02-02 90106 029 $150.00

02

4. FEI Number 65-0844653 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SEGALL, ALAN M

Street Address (P.O. Box Number is Not Acceptable)
2500 Hallandale Beach Blvd #707

City Hallandale FL Zip Code 33009

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 [signature] 6-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTZE Eugene
STREET ADDRESS	3350 N W 210 Terrace
CITY-ST-ZIP	Miami, FL 33056
TITLE	D
NAME	ALAN M. Segall
STREET ADDRESS	2500 Hallandale Bch Blvd #707
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Segall A. Segall, DIR. 4/17/02 954-456-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #