2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # P97000087878** 1. Entity Name NOVO FILMS INTERNATIONAL, INC. , 04-12-2001 90045 003 ***150.00 Principal Place of Business Mailing Address 1390 SO DIXIE HWY #2207 1390 SO DIXIE HWY #2207 **CORAL GABLES FL 33146** CORAL GABLES FL 33146 0400000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0790782 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONGARAY, MADELEINE D Street Address (P.O. Box Number is Not Acceptable) 8360 WEST FLAGLER STREET #203 MIAMI FL 33144 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. **SIGNATURE** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if a 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME GUTIERREZ. DANIEL RICARDO STREET ADDRESS **CARRERA 4 NO. 74-43** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGOTA, COLOMBIA ☐ Addition Change TITLE Delete TITLE NAME REYES B., ANA JOSEFA NAMÉ STREET ADDRESS **CARRERA 4 NO. 74-43** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGOTA, COLOMBIA ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 are true to 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 exclude this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an adall other like empowered.

Daytime Phone #

RE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR