2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000094443 1. Entity Name CTL PRODUCTIONS INC. 04-09-2001 90055 028 ***150.00 Mailing Address Principal Place of Business 1090 WINDER MORE WAY 1090 WINDER MORE WAY VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 1000 Winder Here WAY 2. Principal Place of Business Winder Here DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791547 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HIGH, MARIA Street Address (P.O. Box Number is Not 1090 WINDERMORE WAY-VERO BEACH FL 32963 WINDERMERE MAY 1090 Zip Code 32963 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 applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. NIGH, MARÎA 1090 WÎNDERMERE WAY **X** Change ☐ Addition Delete TITLE TITLE NAME NIGH. MARIA NAME STREET ADDRESS STREET ADDRESS 1995 SURFSIDE TERRACE 3296B VERO BEACH , FL. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition TITLE ☐ Delete TITLE NAME NIGH, MARIA NAME STREET ADDRESS STREET ADDRESS 1090 WINDERMERE WAY CITY-ST-7IP CITY-ST-ZiP VERO BEACH FL 32963 ☐ Addition ☐ Change ☐ 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-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO