2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000006925** Apr 12, 2000 8:00 am Secretary of State NURAY ENTERTAINMENT, INC. 04-12-2000 90047 035 ***150.00 Mailing Address Principal Place of Business 1727 DOWN LAKE DRIVE 1727 DOWN LAKE DRIVE WINDERMERE FL 34786-7904 MINDLENMENT FL 34786 2. Principal Place of Business 3. Mailing Address OOO UNIVERSAL STUDIOS PLA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. . SuITE 212 NS 22A Applied For City & State 4. FEI Number 59-3490088 Not Applicable DRLANDO Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNAT, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 1727 DOWN LAKE DRIVE WINDERMERE FL 34786 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE BERNAT, JOSEPH C NAME STREET ADDRESS 1727 DOWN LAKE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINDERMERE FL 34786 Change ___ Addition Delete TITLE WHITACRE, WILLIAM L NAMÉ NAME STREET ADDRESS 1727 DOWN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ 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 filling 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.

ATURE: JOSEPH (JOSEPH C BERNAT) 4/5/2000 407-224-5845
SIGNATURE/NOTYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #