FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000017963 1. Entity Name IMAGE TEN PRODUCTS, INC. 04-04-2001 90140 030 ***150.00 Principal Place of Business Mailing Address 7387 NW 8 ST 7387 NW 8 ST 00031221 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0816860 Not Applicable Zip Zip Country 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 PACHECO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 7387 NW 8 ST MIAMI FL 33126 Zip Code City 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. CR2E034 (10/00) TITLE P-ND-5-T-D Change Change ☐ Addition Delete TITLE JAIRO LADINO PACHECO, FERNANDO NAME NAME 7387 NW 8 ST. STREET ADDRESS STREET ADDRESS 7387 NW 8 ST CITY-ST-ZIP 419mi E 33146 CITY-ST-7IP MIAMI FL 33126 ☐ Change ■ Addition TITLE TITLE Delete PACHECO, LUIS J NAME NAME 7387 NW 8 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Delete. ☐ Change ☐ Addition TITLE TITLE LADINO, JAIRO NAME NAME STREET ADDRESS STREET ADDRESS 7387 NW 8 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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