## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # 198000046.608 Secretary of State LATIN QUARTER ENTERTAINMENT, INC. 05-16-2001 90251 045 \*\*\*150.00 Principal Place of Business 7901 LUDLAM ROAD 7901 LUDLAM ROAD SUITE 204 SUITE 204 C0067843 MIAMI, FL 33143 MIAMI, FL 33/43 3. Mailing Address 32 S. HARBOR DRIVE Suite, Apt. #, etc. 2. Principal Place of Business 32 S. HARBOR DRIVE DO NOT WRITE IN THIS SPACE City & State KEY LASSO, FL Applied For 4. FEI Number 65-0840111 Not Applicable KEY LANGO FL Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u> 33037</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANCHESTER, JEFFREY MANCHESTER, JEFFREY C. Street Address (P.O. Box Number is Not Acceptable) 32 S. HARBOR DRIVE 7901 LUDLAM ROAD SUITE 204 . Zip Code MIAMI, FL 33143 33037 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 (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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 DIRECTOR Change | DIRECTOR TITLE MANCHESTER, JEFFREY C. MANCHESTER, JEFFREY C. NAME NAME 32 S. HARBOR DRIVE 7901 LUDLAM ROAD SUITE 204 STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 make under oath; that I am an officer or director of the corporation or the received or trustee impowered to execute 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 Impowered 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 OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #