2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State P-98000053563 OCUMENT # Entity Name 05-09-2000 90016 046 ***150.00 Vision Entertainment Grow HUD N. W 13 auderhi C0083980 Principal Place of Business DAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4., FEI Numbe 65-086 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Browerd Fee Required raward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent rarrow Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 3. 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) FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. JOE Farrow 4410 NW 1344 S TITLE ☐ Delete ŧîLE NAME AME 907 Lawrence ST N.E. STREET ADDRESS STREET ADDRESS auderhill F/A 33313 City-St-ZIP CITY-ST-ZIP Guensoyn Farrad Delete 4410 NW 13th St ITLE NAME MAN STREET ADDRESS STREET ADDRESS auderhill PlA 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition UTLE ester KINNON ☐ Change Mh Que Ap. T NAME AME STREET ADDRESS STREET ADDRESS 33136 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 3 ifil IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TLE AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TILE NAME IAME STREET ADDRESS STREET ADDRESS 22 NO C+ MiAMO 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 afformation. SIGNATURE: Daytime Phone