2000 UNIFORM BUSINESS REPORT (UBR) . FILED Jan 18, 2000 8:00 am DOCUMENT # P98000076047 1. Entity Name Secretary of State DRAMATIC DESIGN GROUP, INC. 01-18-2000 90005 047 ***150.00 Mailing Address Principal Place of Business 10468 NORTHWEST 58TH PLACE 10468 NORTHWEST 58TH PLACE PARKLAND FL 33076 PARKLAND FL 33076-2504 US 2. Principal Place of Business 3. Mailing Address 10468 10468 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0899576 Not Applicable CARKUA~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENSAMIN EPSTEIN, SANDRA Street Address (P.O. Box Number is Not Acceptable) 19468 NORTHWEST 58TH PLACE PARKLAND FL 33076 Zip Code City 3307L 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. PRES 10ENT 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, 2000 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 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE PTD NAME EPSTEIN, SANDRA A NAME STREET ADDRESS STREET ADDRESS 10468 NORTHWEST 58TH PLACE CITY-ST-ZIP CITY-ST-ZIP. PARKLAND FL 33076 ☐ Change ☐ Addition TITLE Delete TITLE EPSTEIN, BENJAMIN J NAME NAME STREET ADDRESS STREET ADDRESS 10468 NORTHWEST 58TH PLACE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 Change Addition Delete TITLE TITLE NAME NAME MAHFUZ, RITA STREET ADDRESS STREET ADDRESS 10468 NORTHWEST 58TH PLACE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 ☐ Addition ☐ Change SECKE TARY ☐ Delete TITLE TITLE. EPSTEIN, BENJAMIN J. NAME 10468 NW 58TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKIANO, FL. 33076 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 explowered 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:

SUNATURE AND PRES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP