2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P98000076047 1. Entity Name "Dramatic design group, inc. 03-19-2001 90460 006 ***150.00 Principal Place of Business Mailing Address 10468 NORTHWEST 58TH PLACE 10468 NORTHWEST 58TH PLACE PARKLAND FL 33076 PARKLAND FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0899576 Not Applicable Zip 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 EPSTEIN, BENJAMIN J Street Address (P.O. Box Number is Not Acceptable) 10468 NW 58TH PLACE PARKLAND FL 33076 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) DATE 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 11. OFFICERS AND DIRECTORS 12. PTD SECRETARY TITI F Change Delete TITLE EPSTEIN, SANDRA A NAME 🖺 EPSTEIN, SANDRA A NAME STREET ADDRESS 10468 NORTHWEST 58TH PLACE STREET ADDRESS 10468 NW 58 PL. CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 ☐ Change Delete TITLE TITLE EPSTEIN, BENJAMIN J NAME NAME STREET ADDRESS STREET ADDRESS 10468 NORTHWEST 58TH PLACE CITY-ST-ZIP CITY-ST-7IP PARKLAND FL 33076

☐ Addition Change ___ Addition \$ - ak 5-a a a a . TITLE-TITLE MAHFUZ, RITA NAME NAME STREET ADDRESS 10468 NORTHWEST 58TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 TITLE Delete 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS 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 all other like empowered.

SIGNATURE:

BENJAMIN J. EPSTEIN
ED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

954-682-522

Daytime Phone #