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Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085434

1. Entity Name
STOGIE PRODUCTIONS, INC.

11009662

Principal Place of Business	Mailing Address
1801 NE 149 STREET MIAMI, FL 33181	1825 N.E. 149 STREET MIAMI, FL 33181
2. Principal Place of Business: STOGIE PRODUCTIONS	3. Mailing Address: 648 HIBISCUS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HALLANDALE, FL.
Zip / Country	Zip: 33009 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0870518 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, EILEEN B 1801 NE 149 STREET MIAMI, FL 33181	Name: VINCENT G. DIROSA Street Address (P.O. Box Number is Not Acceptable): 648 HIBISCUS DR. City: HALLANDALE FL Zip Code: 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 4-21-03

FILE NOW!!! FEE IS $150.00 — After May 1, 2003 Fee will be $550.00 — Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DIROGA, VINCENT G 1801 NE 149 STREET MIAMI, FL 33181	☐ Delete	PT DIROSA VINCENT G. 648 HIBISCUS DR. HALLANDALE, FL. 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GARCIA, EILEEN B 1801 NE 149 STREET MIAMI, FL 33181	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-21-03 — Daytime Phone # (305)588-9535