FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089792

1. Entity Name
N2 PRODUCTIONS GROUP GORP.

2. Principal Place of Business



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91150 010 ***158.75

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3. Mailing Address

| 14175 | W. 12 | 36 PLACE | 16175.W. 1 | '36 i | PLACE | | | | | | | |
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| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Lity & Stat | | | City & State WIAMI, F. | ۷. | · | 4. FEI | Number 65-087 | 1002 | Applied For Not Applicable | | | |
| Zip 331 | 75 | Country | 33175 | Countr | у | 5 . Cer | rtificate of Status Desired | ≱ \$ | 8.75 Additional see Required | | | |
| · 一日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日 | | | | | | 7Name | e and Address of Current | Registered / | Agent | | | |
| | | | | | Name /// | INFZ | , NEIL | | | | | |
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| | Ja Jakan | | | | City APiAN | ₽i — | | FL | 3375 | | | |
| 8. The above | e named entity | submits this statement fo | r the purpose of changing its r | egistered | office or registe | ered agent | , or both, in the State of Flo | orida. I am fan | niliar with, and accept | | | |
| | tions of registi | | | | | - | | | | | | |
| | | •• | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| | B1 E2 | or printed name of registered agent | and title if applicable. (NOTE: | Registered / | Agent signature require | red when reinst | ating) | DATE | | | | |
| Ja | | y 1 Fee is \$150.00 | | | | | 9. Election Campaign Fin | assina | 65.00 | | | |
| • | | Fee is \$550.00 UBR is \$61.25 | | | | | Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Make Check | | Florida Department of | State | | | | Trust Fulla Contribution | ', Ц | Added to nees | | | |
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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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X/4

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SHANING OFFICER OR DIRECTOR

04/30/03 (3'05) 551-3094

ORZE034B (12/0