FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P98000097455** 1. Entity Name MASTER HOUSE STUDIOS, INC. 01-27-2000 90033 026 ***150.00 Principal Place of Business Mailing Address 5122 N.W. 114TH CT. 5122 N.W. 114TH CT. HUBTIONS MIAMI FL 33178 MIAMI FL 33178-3533 2. Principal Place of Business 3. Mailing Address 2906 N.W. 108TH AVE 2906 NW 10877 AE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0880589 MIAMI Not Applicable Country SA. \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCO, JOSE E 5122 N.W. 114TH CT. MIAMI FL 33178 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. TITLE ☐ Delete BLANCO, JOSE E. 2906 NW 108TH AVENCE BLANCO, JOSE E NAME STREET ADDRESS STREET ADDRESS 5122 N.W. 114TH CT. MIAMI TL 33172 **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIF Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Defete 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND TYPEK OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE E. BLANG

1/18/00

305-629-8369

Daytime Phone