2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P99000002224 SBM PRODUCTIONS, INC. 02-01-2000 90046 015 ***150.00 Principal Place of Business Mailing Address 1561 NW 7 STREET 1561 NW 7 STREET BOCA RATON FL 33486-3219 **BOCA RATON FL 33486** 911586 2. Principal Place of Business 3. Mailing Address 2341 N.W. 30Th SPECT 2341 N.W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number T. LOUDLEDACE 65.0941473 FT, LAUDCEDACE, FC Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W:11:AM MARTIN MARTIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2341 NW 30 STREET ---N.W. 7TH STREET _ FORT LAUDERDALE FL 33311pose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the pure (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. DRES: ONT **PVST** TITLE ☐ Delete TITLE MARTIN, WILLIAM NAME STREET ADDRESS 2341 NW 30 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCK RATON FORT LAUDERDALE FL 33311 pacsiow T TITLE ☐ Delete TITLE NAME NAME 1 3 ISUL N.W. 77# STECKT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RATES, FC 33486 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAME NAME STRÉET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE'

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. If all other like empowered.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

454-486-04A

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Daytime Phone #