FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 20, 2001 8:00 am Secretary of State DOCUMENT # P99000012943 1. Entity Name M4 PRODUCTIONS INC. 08-20-2001 90075 013 ***150.00 Principal Place of Business Mailing Address 3034 SW 27TH AVE., UNIT 4 3034 SW 27TH AVE., UNIT 4 **MIAMI FL 33133** MIAM! FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0898034 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, MARIANA Street Address (P.O. Box Number is Not Acceptable) 3034 SW 27TH AVE., UNIT 4 MIAMNFL 33133 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (5/01)☐ Change ☐ Addition NAME MARTIN, MARIAN A NAME STREET ADDRESS 3034 SW 27TH AVE., UNIT 4 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 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 ☐ Delete TITI F Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director pred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the re changed, or on an attachm