Apr 30, 2002 8:00 am 3 Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) P99000019062 DOCUMENT # 1. Entity Name DELTA ENTERTAINMENT INC. Principal Place of Business Mailing Address 14216 SW 136TH STREET 14216 SW 136TH STREET MIAMI FL 33186 MIAMI FL 33186 Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number FLORIDA Applied For 22-3658473 1am Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, JOE KELLY 14216 SW 136TH STREET MIAMI.FL 33186 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition Brewster. Joe NAME NAME STREET ADDRESS 14216 SW 136TH STREET STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHAW, KAY NAME NAME STREET ADDRESS 14216 SW 136TH STRET STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Brahms, Larry NAME NAME 14216 SW 136TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition Jackson, joe kelly NAME NAME 14216 SW 136TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 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 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

Date

Daytime Phone #