

Requestor's Name  
 Address  
 City/State/Zip Phone #

P99000019716

300002849373--9  
 -05/21/99--01098--013  
 Office Use Only \*\*\*\*\*10.00 \*\*\*\*\*5.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

FILED  
 99 MAY 21 PM 1:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

300002849373--9  
 -04/23/99--01073--001  
 \*\*\*\*\*60.00 \*\*\*\*\*30.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P99000019716  
 \$5.00 CM  
 308 RA Cy  
 5-21-99

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 30, 1999

LUIS M. PADRON & ASSOCIATES  
% ADELMIS BOHIGAS  
28 WEST FLAGLER ST., #600  
MIAMI, FL 33130

SUBJECT: EAGLE PRODUCTION AND ENTERTAINMENT GROUP OF MIAMI,  
INC,  
Ref. Number: P99000019716

We have received your document for EAGLE PRODUCTION AND ENTERTAINMENT GROUP OF MIAMI, INC, and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 799A00023347

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation is: Eagle Production and Entertainment  
Group of Miami, Inc.

2. The mailing address of the corporation is: 300 Aragon Avenue, Suite 212  
Coral Gables, Florida 33134

3. Date of incorporation/qualification: 3/12/99 Document number: P99000019716

4. The name and address of the current registered agent and office:

ABELARDO SOCARRAS

300 Aragon Avenue, Suite 212

Coral Gables, Florida 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MARIA FERNANDA PILDON

300 Aragon Avenue, Suite 212

Coral Gables, Florida 33134

The street address of its registered office and the street address of the business office of its registered  
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Abelardo Socarras, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated  
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent.

x

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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