2000 UNIFORM BUSINESS REPORT (UBK) DOCUMENT # P99000023735 May 30, 2000 8:00 am Secretary of State 1. Entity Name NAUTICAL STUDIO, INC. 04-22-2000 90040 023 \*\*\*150.00 Mailing Address Principal Place of Business 9342 SW 40TH TERR. 9342 SW 40TH TERR. MIAMI FL 33165-5217 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0902139 Not Applicable Country \$8.75 Additional Zip Zip Country  $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, ARBELIO E Street Address (P.O. Box Number is Not Acceptable) 9342 SW 40TH TERR. MIAMI FL 33165 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE Oelete TITLE GONZALEZ, ARBELIO E NAME NAME 9342 SW 40TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition

CITY-ST-ZIP CITY-ST-ZIP 13. I nereby certify that the information supplied with this filling 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 important of the corporation of the corporation of the corporation of 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 important productions.

TITLE

NAME

TITLE

NAME

MIE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ICER OR DIRECTOR

Delete

☐ Delete

C Celete

Daytime Phone #

☐ Change

Change

Change

☐ Addition

☐ Addition