2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064662 Sep 07, 2000 8:00 am Secretary of State 1. Entity Name GOGOGO PRODUCTIONS, INC. 09-07-2000 90003 012 ***150.00 Principal Place of Business Mailing Address 800 WEST 42ND STREET 800 WEST 42ND STREET #1B MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 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 CREAZZO. GRACIELLA Street Address (P.O. Box Number is Not Acceptable) 800 WEST 42ND STREET #1B MIAMI BEACH FL 33140 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 FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Change ☐ Addition ☐ Delete TITLE CREAZZO, GRACIELLA NAME NAME 800 WEST 42ND STREET #1B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____Change. Addition-. Delete TIŢLE- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

The following letter is to inform you that I never received the Annual Report information in order to file it. I understand there is a penalty for not filing on time, but I ask you to please abate the penalties, since it's impossible for me to pay \$550.00.

Please find enclosed a check payable to Department of State for \$150.00, original filing fee.

I really appreciate your support with this matter,

Oraciella Cuozzo

Graciella Creazzo

Gogogo Productions, Inc.

800 W. 42nd Street #1-B

Miami Beach, FL 33140