Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 24, 2002 8:00 am § Secretary of State DOCUMENT # P99000069140 MDC PRODUCTIONS, INC. 05-24-2002 91266 015 ***150.00 Principal Place of Business Mailing Address 3961 N. 39TH AVE. 3961 N. 39TH AVE. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 433536 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 65-0935625 Not Applicable Zip Country Zip 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 CALDERIN, MATTHEW D Street Address (P.O. Box Number is Not Acceptable) 3961 N. 39TH AVE. HOLLYWOOD FL 33021 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE CR2E034 (10/00) ☐ Addition CALDERON, MATTHEW D NAME STREET ADDRESS 3461 N 39TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier lental 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 of trustee empowered to execute this eport 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

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

RE: P99000069140

April 30th 2002

Dear Representative:

For the annual UBR for 2001 I paid electronically. I did not receive a copy of this years annual filing forms and thus using last years in its place...No information has changed.

Sincere regards,

Matt Calderin MDC Productions, Inc. #Paa 00000 69140 433536