2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P9900074017 WIND DRIFT PRODUCTIONS, INC. 05-02-2001 90146 015 ***150.00 Mailing Address Principal Place of Business 2588 SW 27TH AVE 2588 SW 27TH AVE MIAMI FL 33133 00044700 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business 1/30 SE 13th Text Suite, Apt. #, etc. //30 SE 13th TCRR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State APR CORAL Applied For City & State 4. FEI Number 65-0966745 Ape CORAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUESCUN, ALEX Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27TH AVE **MIAMI FL 33133** City CAPE CORAL 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 (NOTE: Registered Agent signature required when reinstating) applicable. 9:-This corporation is eligible to satisfy its Intangible - FILE:NOW!!!=FEE-IS-\$150:00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SUESCUN, ALEX NAME NAME STREET ADDRESS 2588 SW 27TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Delete Change ☐ Addition TITLE TITLE STEWART, ROBERT H NAME NAME 1130 SE 13TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 receive/for 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:

Shall Strugt Robert H. Strumpt

4/28/01

941-458-7930