2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P99000081137 WAYSMART PRODUCTIONS, INC. 03-01-2001 91345 037 ***150.00 Mailing Address Principal Place of Business 600 SO. FEDERAL HWY..STE.213 600 SO. FEDERAL HWY..STE.213 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business 600 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Applied For City & State 4. FEI Number 65-0947407 Deerfie Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 3441 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. **CORAL GABLES FL 33134** 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 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. Signature, typed or printed name of registe FILE NOW!!! FEE IS:\$150.00: 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE PD ☐ Delete TITLE Doel, Cheryl 600 So. Federal Huy, Suit 201 NAME NAME DOEL, CHERYL STREET ADDRESS 600 SO. FEDERAL HWY., STE.213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition Delete TITLE TITLE NAME WENTZ, JOSEPH A NAME STREET ADDRESS STREET ADDRESS 600 SO. FEDERAL HWY., STE. 213 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition ☐ Change ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 truetee 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 aportner like empowered.