2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000084255 Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** BOYZ-N-GIRLZ PRODUCTIONS, INC. 07-21-2000 90149 027 ***400.00 Principal Place of Business Mailing Address 06-16-2000 90112 008 ***150.00 7804 SNOWBERRY CIRCLE -7804 SNOWBERRY-GIRCLE ORLANDO FL 32819 -ORLANDO PL 32819-7125 2. Principal Place of Business Mailing Address Gold Co. LLP Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6 TH ANG 1140 City & State City & State 4. FEI Number Applied For YORK 13-4082607 سىعد Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 10036 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYO, RINA Street Address (P.O. Box Number is Not Acceptable) -.7804 SNOWBERRY_CIRCLE ORLANDO FL 32819 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (66/6) TITLE President TITLE ☐ Change ☐ Addition Delete Robert L. Carrico NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS GARE WHENTON BAG CITY-ST-78P CITY-ST-ZIF Cocoa. ☐ Addition Change TITLE Delete TITLE Vice President NAME NAME DANIELO, DIX 3826 Ellis DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCOA . FL 32926 Delete Change Addition TITLE TITLE-Secretary RINA C. MAYO NAME STREET ADDRESS TROY SNOWBERRY CIRCLE ORIANDO, FI 32819 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete TREASURER NAME NAME CRISS Ruiz STREET ADDRESS STREET ADDRESS 3817 BISCAYNE DRIVE CITY-ST-ZIP CITY-ST-ZÍP 32708 WINTER Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver of 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 impowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

MULTINE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Delete

6/12/00

Daytime Phone #

☐ Change

☐ Addition