FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # P990000 999 59 1. Entity Name A EXOL Productions Inc			05-14-2002 90363 015 ***150.00	
DO NOT WRITE	IN THIS SE	PACE	- - - -	
2. Principal Place of Business 38 ST Suite, Apt. #, etc.	3. Mailing Address 571 NW 38 ST Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
DAKJand PARK FL 393309 Country USA	Cokland Zig 33309	Park FL Country S A	4. EEI Number 963 187 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name OF CONTROL OF STREET Address (P.P. Bax Number is Not Acceptable) City Oo COMO PARC FL Zip 204229		
8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and	lly	egistered office or register	red agent, or both, in the State of Florida.	1/2002
9. This corporation is eligible to satisfy its Intangible Tax faing requirement and elects to do so. (See criteria on back) OFFICERS AND DI	January 1 - Ma After May 1 Amended Make Check Payable	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 to Department of Stat	10. Election Campaign Financing	\$5.00 May Be Added to Fees
NAME KOTEN GREY STREET ADDRESS 571 NW 38 5 CITY-ST-ZIP COKLAND PARK		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
TITLE VICE PRESIDENT NAME STREET ADDRESS CITY-SI-ZIP TITLE NAVIC, FL. 3332	<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VAME STREET ADDRESS CITY- ST-ZIP		TITLE MAME 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)(f), 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 attachment with an address, with an other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR				