2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State P99000108775 DOCUMENT # 1. Entity Name 05-13-2002 90105 041 ***150.00 ROBERT FREE PRODUCTIONS, INC. Principal Place of Business Mailing Address 2007 N 25TH AVENUE 2007 N 25TH AVENUE HOLLYWOOD FL 33020-2328 HOLLYWOOD FL 33020-2328 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 65-0970510 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 FREE, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 2007 N 25TH AVENUE HOLLYWOOD FL 33020-2328 City Zip Code 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) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible. _ 10. Election Campaign Financing - \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) PTD ☐ Delete TITLE ☐ Addition Change FREE. ROBERT E NAME 2007 N 25TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020-2328 CITY-ST-ZIP TITLE . ~ . SVD Delete TITLE Addition ☐ Change NAME BRANHAM, STEPHEN W NAME STREET ADDRESS 2007 N 25TH AVENUE STREET ADDRESS CITY-ST-ZIP -HOLLYWOOD FL 33020-2328 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition 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_

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 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

SIGNATURE:

FILED