2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee emechanged, or on an attachment with an address,

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **S64503** May 05, 2000 8:00 am Secretary of State A.W. STUDIOS, INC. 05-05-2000 90017 028 ***150.00 Mailing Address Principal Place of Business 510 RAVEN AVE. 510 RAVEN AVE. MIAMI SPRINGS FL 33166-3951 MIAMI SPRINGS FL 33166-5105 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0280599 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELCH, ALLAN Street Address (P.O. Box Number is Not Acceptable) 510 RAVEN AVE. MIAMI SPRINGS FL 33166 Zip Code rpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity subprits this SIGNATURE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME WELCH, ALLAN STREET ADDRESS STREET ADDRESS 510 RAVEN AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL ☐ Addition Change ☐ Delete TITLE NAME WELCH, LAUREL NAME STREET ADDRESS 510 RAVEN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fill 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 emerged execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if