2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **V64449** M.P.K. ENTERTAINMENT, INC. 05-11-2000 90327 030 ***150.00 Principal Place of Business Mailing Address % KAUFMAN RUSSIN % KAUFMAN RUSSIN 2699 S. BAYSHORE DR., #400 2699 S. BAYSHORE DR., #400 MIAMI FL 33133-5408 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0364783 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 KIMMEL, MARVIN P. Street Address (P.O. Box Number is Not Acceptable) 2485 NW 46TH STREET **BOCA RATON FL 33431** Zip Code FL 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition Change TITLE TITLE KIMMEL, MARVIN P. NAME NAME STREET ADDRESS 2485 NW 46 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS ADDECCO CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME · ADDRESS STREET ADDRESS

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 an address, with all other like empowered.

CITY-ST-ZIP

-LOW ATLINE

ST-ZIP

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/00 Date (541)394-5100