STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.	*2 Name of Corporation*
124831	IZWUZ, Inc.

3 Street Address Principal Business Office	*City*	*State*	*Zip*
75 Sowams Road	Barrington	RI	02806

4 Business Phone No	*5 State of Incorporation*	*6 SIC Code*
	RHODE ISLAND	

7 Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN COMPUTER GRAPHICS PRODUCTIONS; TO PRODUCE EDUCATIONAL FILMS; TO PRODUCE GENERAL INTEREST FILMS; TO SELL COMPUTER GRAPHIC SERVICES AND RELATED PRODUCTS AND SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
Bryan Rodrigues	Robert J. Healey, Jr.
Street Address	*Street Address*
36 Hydraulion Avenue	75 Sowams Road
City / *State* / *Zip*	*City* / *State* / *Zip*
Bristol / RI / 02809	Barrington / RI / 02806
Secretary Name	*Treasurer Name*
Bryan Rodrigues	Robert J. Healey, Jr.
Street Address	*Street Address*
Same as above	Same as above
City / *State* / *Zip*	*City* / *State* / *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE			100	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

File Date 2-17-05
Check No. 5922
By KB
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert J. Healey, Jr. 1-27-05
Signature of Officer *Date*

Robert J. Healey, Jr.
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 Rev 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
124831	IZWUZ, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
75 Sowams Road		Barrington	RI	02806
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
245-0306	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN COMPUTER GRAPHICS PRODUCTIONS; TO PRODUCE EDUCATIONAL FILMS; TO PRODUCE GENERAL INTEREST FILMS; TO SELL COMPUTER GRAPHIC SERVICES AND RELATED PRODUCTS AND SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Bryan Rodrigues			Robert J. Healey, Jr.		
Street Address			*Street Address*		
36 Hydraulion Avenue			75 Sowams Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
Bristol	RI	02809	Barrington	RI	02806
Secretary Name			*Treasurer Name*		
Bryan Rodrigues			Robert J. Healey, Jr.		
Street Address			*Street Address*		
See Above			See Above		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE	Common	No Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

124831

FILED

File Date FEB 24 2004

Check No. By a2175

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bryan Rodrigues 1-2-04

Signature of Officer *Date*

Bryan Rodrigues

Print or Type Name of Officer

President

Title of Officer

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 124831
2. Name of Corporation: IZWUZ, Inc.
3. Street Address Principal Business Office: 75 Sowams Road
   City: Barrington
   State: RI
   Zip: 02885
4. Business Phone No.: (401) 245-0306
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Graphic Productions

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Bryan Rodrigues
Street Address: Governor Street
City: Providence
State: RI
Zip: 02

Vice President Name: Robert J. Healey, Jr.
Street Address: 75 Sowams Road
City: Barrington
State: RI
Zip: 02806

Secretary Name: Bryan Rodrigues
Street Address: Same as Above
City:
State:
Zip:

Treasurer Name: Robert J. Healey, Jr.
Street Address: Same as Above
City:
State:
Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

124831

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bryan Rodrigues — *Signature of Officer*
1-3-03 — *Date*

Bryan Rodrigues — *Print or Type Name of Officer*

President — *Title of Officer*

File Date: 3-3-03

Check No.: 5464

By: CMC

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/02