FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)L54634 AFFILIATED DISPLAY, INC. Principal Place of Business Mailing Address 11124 SATELLITE BLVD 11124 SATELLITE BLVD ORLANDO FL 32837 ORLANDO FL 32837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1990 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0190187 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEDERMAN, MARTIN 11124 SATELITE BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Addition TITLE DELETE 1.1 TITLE Change LEDERMAN, MARTIN NAME 1.2 NAME 113 CEDAR POINT LANE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE WEINRUB, LEONARD 2.2 NAME NAME 11124 SATELITE BLVD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL City-St-7IP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City - St - ZIP DELETE Change Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. Thereby 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 annual report or supplemental annual 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 regions or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or op an a

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

407-855-88/3