FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary [illegible]
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34019 (0)

1. Corporation Name

~~SHOW BIZ USA, INC.~~

GABRIEL INVESTMENTS, INC.

100001396881
-02/03/95--01007--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1500 EXECUTIVE DRIVE ELGIN IL 60123	1500 EXECUTIVE DRIVE ELGIN IL 60123

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 36-3759299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	P T ☒ Change ☐ Addition
NAME	LIAUTAUD, JAMES	12 NAME	
STREET ADDRESS	1500 EXECUTIVE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LIAUTAUD, JAMES	22 NAME	
STREET ADDRESS	1500 EXECUTIVE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	24 CITY-ST-ZIP	
TITLE		31 TITLE	V ☐ Change ☒ Addition
NAME		32 NAME	ROBERT J LADECKY
STREET ADDRESS		33 STREET ADDRESS	1500 EXECUTIVE DRIVE
CITY-ST-ZIP		34 CITY-ST-ZIP	ELGIN IL 60123
TITLE		41 TITLE	S ☐ Change ☒ Addition
NAME		42 NAME	LINDA KELLEY
STREET ADDRESS		43 STREET ADDRESS	1500 EXECUTIVE DRIVE
CITY-ST-ZIP		44 CITY-ST-ZIP	ELGIN IL 60123
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	2/1/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver 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 changed, or on an attachment with an address.

SIGNATURE: Robert J Ladecky ROBERT J LADECKY 1/16/95 (708)288-7065
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
VICE PRES

0468861 FP