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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000017062 (8)**

1. Corporation Name
**ASPEN LICENSING INTERNATIONAL INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1756 N. CONGRESS AVE.<br>WEST PALM BEACH FL 33409 | 1756 N. CONGRESS AVE.<br>WEST PALM BEACH FL 33409-5156 |

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business
21 1649 Forum Place
Suite, Apt. #, etc.
22 Suite 12
City & State
23 West Palm Beach, FL
Zip 24 33401 Country 25

2a. Mailing Address
26 1649 Forum Place
Suite, Apt. #, etc.
27 Suite 12
City & State
28 West Palm Beach, FL
Zip 29 33401 Country 30

4. FEI Number: 65-0476107 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| MALTZ, MARVIN<br>1756 N. CONGRESS AVE.<br>WEST PALM BEACH FL 33409 | 81 Name: Marvin Maltz<br>82 Street Address (P.O. Box Number is Not Acceptable): 1649 Forum Place<br>83 Suite 12<br>84 City: West Palm Beach FL 85 Zip Code: 33401 |

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: Marvin Maltz MARVIN MALTZ 1/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALTZ, ROBERT B<br>2900 LE BATEAU DR.<br>PALM BEACH GARDENS FL 33410 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>METSKY, ALLAN<br>10216 ALLAMANDA BLVD.<br>PALM BEACH GARDENS FL 33410 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALTZ, MARVIN<br>10270 ALLAMANDA BLVD.<br>PALM BEACH GARDENS FL 33410 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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 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:** Marvin Maltz MARVIN MALTZ 1/24/97 561-688-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #