AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 25 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 415242

1. Corporation Name

Anastasia Advertising Art, Inc.

Principal Place of Business	Mailing Address
105 Ponce DeLeon Blvd. St. Augustine, FL 32085	PO Box 9014 St. Augustine, FL 32085

3. Date Incorporated or Qualified: 12/22/72

3a. Date of Last Report: 3/10/97

2. Principal Place of Business	2a. Mailing Address
21 450 E. Las Olas Blvd.	26 450 E. Las Olas Blvd.
Suite, Apt. #, etc. 22 Suite 1200	Suite, Apt. #, etc. 27 Suite 1200
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33301 / 25 Broward	Zip / Country 29 33301 / 30 Broward

4. FEI Number: 59-1427085 ☐ 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
Owen D. Victor 1275 S. Winterhawk Drive St. Augustine, FL 32086	81 Name: C T Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road 83 900002247839--1 84 City: Plantation -07/25/97-01050-005 ****61.25 FL ****82425

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

SIGNATURE: Vicky Goldstein — VICKY GOLDSTEIN, SPECIAL ASSISTANT SECRETARY — 7/17/97
(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	Director	xx DELETE	1.1 TITLE	Director	☐ Change xx Addition
NAME	Susan E Harry		1.2 NAME	Harris W Hudson	
STREET ADDRESS	405 D Street		1.3 STREET ADDRESS	450 E. Las Olas Blvd	
CITY-ST-ZIP	St. Augustine, FL 32085		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	Director	xx DELETE	2.1 TITLE	President	☐ Change xx Addition
NAME	Lillian F. Harry		2.2 NAME	H. Wayne Huizenga, Jr.	
STREET ADDRESS	357 Flushing Avenue		2.3 STREET ADDRESS	450 E. Las Olas Blvd	
CITY-ST-ZIP	Daytona Beach, FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	President	xx DELETE	3.1 TITLE	V.P./Secretary	☐ Change xx Addition
NAME	Victor D. Owen		3.2 NAME	James O. Cole	
STREET ADDRESS	1275 S. Winterhawk Drive		3.3 STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP	St. Augustine, FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	Secy/Treasurer/Director	xx DELETE	4.1 TITLE	Asst. Secy	☐ Change xx Addition
NAME	Dorothy L. Silvrio		4.2 NAME	David A. Barclay	
STREET ADDRESS	8360 CR 208		4.3 STREET ADDRESS	450 E. Las Olas Blvd	
CITY-ST-ZIP	St. Augustine, FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	5.1 TITLE	Treasurer	☐ Change xx Addition
NAME			5.2 NAME	Kathleen Hyle	
STREET ADDRESS			5.3 STREET ADDRESS	450 E. Las Olas Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	6.1 TITLE	Asst. Treasurer	☐ Change xx Addition
NAME			6.2 NAME	Howard Sills	
STREET ADDRESS			6.3 STREET ADDRESS	450 E Las Olas Blvd	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

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: James O. Cole V.P. 7/22/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #