SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 NOV 21 PM 12:43
SECRETARY OF STATE

DOCUMENT # 354898 (9)

1. Corporation Name
NATIONWIDE STUDIOS, INC.

REINSTATEMENT $60

Principal Place of Business	Mailing Address
400 N.BELVEDERE DR. P.O.BOX 959 GALLATIN TN 37066	400 N.BELVEDERE DR. P.O.BOX 959 GALLATIN TN 37066

3. Date Incorporated or Qualified: 11/05/1969
3a. Date of Last Report: 03/14/1995

4. FEI Number: 59-1276881 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KOPPEN, ROBERT A.
% KOPPEN, WATKINS, PARTNER & ASSOCIATES
700 N.E. 90TH ST.
MIAMI FL 33138-3208

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 Robert A. Koppen DATE 11-14-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWGARDEN, LETA MAE		1.2 NAME	200002014342--4
STREET ADDRESS	1125 FOREST HARBOR DR		1.3 STREET ADDRESS	-11/26/96--01099--019
CITY-ST-ZIP	HENDERSONVILLE TN		1.4 CITY-ST-ZIP	*****375.00 *****375.00
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWGARDEN JR, JOSEPH E		2.2 NAME	
STREET ADDRESS	1125 FOREST HARBOR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph E Newgarden JR 9/18/96 615 452-1353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #