FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 591503 (8)

1. Corporation Name
ENTERTAINMENT SOURCE, INC.

Principal Place of Business	Mailing Address
1750 N. FL. MANGO RD WEST PALM BEACH FL 33409-2214	1750 N. FL. MANGO RD WEST PALM BEACH FL 33409-2214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1978
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): County (25):

2a. Mailing Address (26): c/o Robert S. Levy
Suite, Apt. #, etc (27): #502, 1655 Palm Beach Lakes Boulevard
City & State (28): West Palm Beach
Zip (29): 33401
County (30):

4. FEI Number: 59-1857784 ☐ 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

GRANT, MARSHALL
1750 N. FLORIDA MANGO RD., SUITE #103
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: Robert S. Levy
82 Street Address (P.O. Box Number is Not Acceptable): Suite 502, The Forum
83: 1655 Palm Beach Lakes Boulevard
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: Robert S. Levy (Typed or printed name of registered agent and title if officer) (NOTE: Registered Agent signature required when mandatory) DATE: 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PSTD ☒ Change ☐ Addition
NAME	GRANT, DOLORES	12 NAME	GRANT, Dolores
STREET ADDRESS	135 GREGORY PLACE	13 STREET ADDRESS	135 Gregory Place
CITY ST ZIP	W. PALM BCH. FL	14 CITY ST ZIP	West Palm Beach, 33405
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	GRANT, MARSHALL	22 NAME	Delete
STREET ADDRESS	BREAKERS 1 SO. CNTY RD.	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CURRURULLO, PATRICIA	32 NAME	Delete
STREET ADDRESS	1750 N. FLORIDA MANGO RD.	33 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	TESONE, WILLIAM	42 NAME	Delete
STREET ADDRESS	1750 N. FLORIDA MANGO RD.	43 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	44 CITY ST ZIP	
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	

14. I do hereby certify that the information supplied with this report 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 added to this report.

SIGNATURE: Dolores Grant President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95
Date

407/686-7000
Daytime Phone #

0435600 FP