FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (0)**DOCUMENT #** DAN GOODMAN PRODUCTIONS, INC. Principal Place of Business Mailing Address 2143 NW 60TH CIRCLE 2143 NW 60TH CIRCLE **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1979 2. Principal Place of Business 4. FEI Number Applied For 2s. Mailing Address 13-2847770 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zφ Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name MICHELSON, RICHARD R. 600DMAN 5460 N. STATE ROAD 7 SUITE 220 82 Not Acceptable) BOTH CIRCLE FT. LAUDERDALE FL 33319 83 R4 City 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 bothly 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. PRESIDENT DAN GOODMAN, SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE GOODMAN, DAN 1.2 NAME NAME 2143 NW 60TH CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE GOODMAN, CAROL NAME 2 2 NAME 2143 NW 60TH CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CiTY+ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

64 City-St-ZIP

14. I 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 altachment with an address.

CITY-ST-ZIP

SIGNATI IRF