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 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850657 (8)

1. Corporation Name
COLORTYME, INC.

Principal Place of Business
1231 GREENWAY DR., SUITE 900
IRVING TX 75038

Mailing Address
1231 GREENWAY DR., SUITE 900
IRVING TX 75038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1981
3a. Date of Last Report: 10/05/1994
4. FEI Number: 75-1738187 — 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. 199.292, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	KENT, MIKE	NAME	
STREET ADDRESS	21640 CARGENA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	FADEL, MITCHELL E	NAME	
STREET ADDRESS	4213 AMBROSIA LANE	STREET ADDRESS	5701 YEARY
CITY-ST-ZIP	PLANO TX 75093	CITY-ST-ZIP	PLANO, TX 75093
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	ECKERT, RICHARD L	NAME	
STREET ADDRESS	639 POST OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COPPEL TX 75019	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, NED	NAME	
STREET ADDRESS	500 E. MAIN	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT 06405	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	TALLEY, BARRY E	NAME	
STREET ADDRESS	2310 ESE LOOP 323	STREET ADDRESS	
CITY-ST-ZIP	TYLER TX 75652	CITY-ST-ZIP	
TITLE	CFO, D	TITLE	☐ Change ☒ Addition
NAME	TYRONE H. TYL	NAME	
STREET ADDRESS	4511 ISABELLA LANE	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75229-6410	CITY-ST-ZIP	

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] CFO 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0473020 FP