FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5) F82928 UNIVERSAL BOOKS INC. Principal Place of Business Mailing Address 1202 N. BERMUDA AVE. 1202 N. BERMUDA AVE. KISSIMMEE FL 34741 KISSIMMEE FL 34741 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1982 2. Principal Place of Business 2s. Mailing Address FEI Number Applied For 21 26 59-2257293 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 25 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MATHUR, VISHNU N 2417 BROOKSIDE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMME FL 34744 83 84 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 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE CR2E034 NAME MATHUR, SADHANA 12 NAME 2417 BROOKSIDE AVE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MATHUR, VISHNU N NAME 2.2 NAME 2417 BROOKSIDE AVE. STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change

CITY-ST-ZIP 14. Thereby 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 are upplemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME STREET ADDRESS

407-846-8566

Addition