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 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 92000000477 (1)

Corporation Name

ACME ACQUISITION CORP

Principal Place of Business	Mailing Address
14505 N. HAYDEN RD STE 322 SCOTTSDALE, AZ 85260	14505 N. HAYDEN RD, STE 322 SCOTTSDALE, AZ 85260

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1992
3a. Date of Last Report: 4/29/94

1. Principal Place of Business
2. Mailing Address
4. FEI Number: 95-4312989
Applied For
Not Applicable

Suite, Apt. #, etc.
Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip | Country | Zip | Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	CEO ☒ Change ☐ Addition
NAME	MENDELSOHN IRA N	1.2 NAME	MARTIN R REID
STREET ADDRESS	17871 MITCHELL DRIVE	1.3 STREET ADDRESS	14505 N HAYDEN RD STE 322
CITY-ST-ZIP	IRVINE CA 92714	1.4 CITY-ST-ZIP	SCOTTSDALE , AZ 85260
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MATTHES WILLIAM M	2.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	2.3 STREET ADDRESS	NONE
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	V/S/T	3.1 TITLE	☒ Change ☐ Addition
NAME	SHAW LESLIE R	3.2 NAME	NONE 700001481577
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	3.3 STREET ADDRESS	-05/09/95--01129--022
CITY-ST-ZIP	LOS ANGELES CA 90025	3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	C/D	4.1 TITLE	☐ Change ☐ Addition
NAME	BARNUN WILLIAM MJR.	4.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	
TITLE	V/P, CFO	5.1 TITLE	☐ Change ☐ Addition
NAME	DOUG A WAUGAMAN	5.2 NAME	
STREET ADDRESS	14505 N. HAYDEN RD, STE 322	5.3 STREET ADDRESS	$8751
CITY-ST-ZIP	SCOTTSDALE, AZ 85260	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 attachment with an address.

SIGNATURE: _____ 4-28-95 714-863-2659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DOUGLAS A. WAUGAMAN