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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 PM 12:49

DOCUMENT # **F93000005156 (5)**

1. Corporation Name
TPI ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
2158 UNION AVENUE MEMPHIS TN 38104	2158 UNION AVENUE MEMPHIS TN 38104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 777 S. FLAGLER STE 909
22 Suite, Apt. #, etc.: E. TOWER
23 City & State: WEST PALM BEACH, FL
24 Zip: 33401
25 Country:

2a. Mailing Address
26: 777 S. FLAGLER STE. 909
27 Suite, Apt. #, etc.: E. TOWER
28 City & State: WEST PALM BEACH, FL
29 Zip: 33401
30 Country:

4. FEI Number: 13-3479407 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	COHEN, STEPHEN R	1.2 NAME		
STREET ADDRESS	777 S. FLAGLER, STE. 909, E. TOWER	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SIU, PAUL J	2.2 NAME		
STREET ADDRESS	777 S. FLAGLER, STE. 909, E. TOWER	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	BURFORD, FREDERICK W	3.2 NAME		
STREET ADDRESS	777 S. FLAGLER, STE. 909, E. TOWER	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, ROBERT A	4.2 NAME		
STREET ADDRESS	777 S. FLAGLER, STE. 909, E. TOWER	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ FREDERICK W. BURFORD 2/23/95 901-725-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478007 FP