FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
95 MAY -1 AM 11:33

DOCUMENT # F94000003209 (3)

1. MOVIE WAREHOUSE MANAGEMENT, INC.

Principal Place of Business
P.O. BOX 23259
LEXINGTON KY 40523

Mailing Address
P.O. BOX 23259
LEXINGTON KY 40523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

4. FEI Number: 61-1111111 ☐ 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 S. PINE ISLAND RD.
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 Section 607.193 and 607.1938, 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

12. OFFICERS AND/OR DIRECTORS

01 PSTD
NAME CRAWFORD, JAMES L
STREET ADDRESS 450 SOUTHLAND DR., #E
CITY-ST-ZIP LEXINGTON KY 40503

02
NAME
STREET ADDRESS
CITY-ST-ZIP

03
NAME
STREET ADDRESS
CITY-ST-ZIP

04
NAME
STREET ADDRESS
CITY-ST-ZIP

05
NAME
STREET ADDRESS
CITY-ST-ZIP

06
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TYPE
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☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. [illegible]

SIGNATURE: James L Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING APPLICATION

6/27/95

276-0014

606/[illegible]

0470348 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

95 JUL 2? [illegible] 9:50

DOCUMENT # P94000003413

1. Corporation Name

EPT MANAGEMENT COMPANY

Principal Place of Business: 7100 Westwind, Suite 130, El Paso, TX 79912

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/28/94

3a. Date of Last Report: n/a

2. Principal Place of Business: 21 6090 Surety Drive; Suite, Apt #, etc: 22 Suite 102; City & State: 23 El Paso, TX; Zip: 24 79905; Country: 25

2a. Mailing Address: 26 Same; Suite, Apt # etc: 27; City & State: 28; Zip: 29; Country: 30

4. FEI Number: 74-2602339 ☐ 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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

Lehn E. Abrams, Esquire
801 N. Magnolia Avenue, Suite 201
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 801 N. Magnolia Avenue, Suite 201
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 ____ Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	Russell Vandenburg
STREET ADDRESS	7100 Westwind, Suite 130
CITY ST ZIP	~~El Paso, TX 79912~~
TITLE	VD
NAME	David Vandenburg
STREET ADDRESS	7100 Westwind, Suite 130
CITY ST ZIP	~~El Paso, TX 79912~~
TITLE	STD
NAME	David Bogas
STREET ADDRESS	7100 Westwid, Suite 130
CITY ST ZIP	~~El Paso, TX 79912~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PC	XX Change ☐ Addition
12 NAME	Russell Vandenburg	
13 STREET ADDRESS	6090 Surety Drive, Suite 102	
14 CITY ST ZIP	El Paso, TX 79905	
21 TITLE	VD	XX Change ☐ Addition
22 NAME	David Vandenburg	
23 STREET ADDRESS	6090 Surety Drive, Suite 102	
24 CITY ST ZIP	El Paso, TX 79905	
31 TITLE	STD	XX Change ☐ Addition
32 NAME	David Bogas	
33 STREET ADDRESS	6090 Surety Drive, Suite 102	
34 CITY ST ZIP	El Paso, TX 79905	
41 TITLE	AS	☐ Change [X] Addition
42 NAME	Lehn E. Abrams	
43 STREET ADDRESS	801 N. Magnolia Avenue, Suite 201	
44 CITY ST ZIP	~~Orlando, FL 32803~~	
51 TITLE		☐ Change ☐ Addition
52 NAME	100001547881 -07/21/95--01068--017 ****225.00 ****225.00	
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95 Date (407) 841-1550 Daytime Phone #

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 24 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003609

1. Corporation Name

R & A Bayside Travel, Inc.

Principal Place of Business / Mailing Address

220-10 Horace Harding Expressway
Bayside, N.Y. 11364

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/11/94
3a. Date of Last Report:

2. Principal Place of Business / 2a. Mailing Address

21 / 26
22 Suite, Apt #, etc. / 27 Suite, Apt #, etc.
23 City & State / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

4. FEI Number: 11-2909231 — 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

Donna Tilton
4800 N. State Road 7
Bldg. F Suite L
Lauderdale Lakes, Fl. 33319

10. Name and Address of New Registered Agent

81 Name: Dennis J. McGlothin
82 Street Address (P.O. Box Number is Not Acceptable): ~~727 Northeast Third Avenue~~
83 Suite 101
84 City: Ft. Lauderdale FL
85 Zip Code: 33304

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] 5/11/95
Registered Agent Signature / Date

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Frances Rasmussen
STREET ADDRESS	220-10 Horace Harding Exp.
CITY-ST-ZIP	Bayside, N.Y. 11364
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	T.S. 7/24/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (for each of six entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

800001548008
-07/27/95--01076--019
****225.00 ****225.00

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: X [signature] 5/25/95 212 307-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #