SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000003192 (0)**

1. Corporation Name
ARNET OPTIC ILLUSIONS, INC.

Principal Place of Business
927 CALLE NEGOCIO. UNIT C
SAN CLEMENTE CA 92673

Mailing Address
927 CALLE NEGOCIO. UNIT C
SAN CLEMENTE CA 92673

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report:

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

4. FEI Number: 33-0488442 — 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
ARNETTE, GREGORY
1810 N. INDIAN RIVER RD.
NEW SMYRNA BEACH FL 32169

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	ARNETTE, GREGORY	
STREET ADDRESS	1810 N. INDIAN RIVER RD.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VDT	☐ DELETE
NAME	LARK, CRAIG M	
STREET ADDRESS	26591 ROYALE DR.	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA	
TITLE	~~SEC~~	☒ DELETE
NAME	~~ARNETTE, LOIS~~	
STREET ADDRESS	~~1810 N. INDIAN RIVER RD.~~	
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL~~	
TITLE	~~D~~	☒ DELETE
NAME	~~SCHMIDT, SAMUEL D~~	
STREET ADDRESS	~~120 ST JOSEPH~~	
CITY-ST-ZIP	~~LONG BEACH CA~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	☐ Change ☒ Addition
1.2 NAME	DENNIS KING	
1.3 STREET ADDRESS	303 N GLENOAKS BLVD #750	
1.4 CITY-ST-ZIP	BURBANK, CA 91502	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis V. King — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7-30-96 — Daytime Phone #: (818) 848-5585