FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90034 023 ***150.00

DOCUMENT # F96000003406

1. Corporation Name
BSMG WORLDWIDE, INC.

Principal Place of Business	Mailing Address
640 FIFTH AVE NY NY 10019 US	640 FIFTH AVE NY NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/03/1996

2. Principal Place of Business	2a. Mailing Address
21	26 13801 FNB Parkway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Omaha, NE
Zip 24 / Country 25	Zip 29 69154 / Country 30 USA

4. FEI Number: 22-2752668 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LESLIE, JOHN		1.2 NAME		
STREET ADDRESS	640 FIFTH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY 10019		1.4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAMOND, HARRIS		2.2 NAME		
STREET ADDRESS	640 FIFTH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY 10019		2.4 CITY-ST-ZIP		
TITLE	CFOD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, EDWARD		3.2 NAME		
STREET ADDRESS	640 FIFTH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY 10019		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NEWMAN, RICHARD J		4.2 NAME	Charles D. Peebler, Jr.	
STREET ADDRESS	640 FIFTH AVE		4.3 STREET ADDRESS	40 West 23rd Street	
CITY-ST-ZIP	NY NY 10019		4.4 CITY-ST-ZIP	New York, NY 10010	
TITLE	EVST	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GARD, KENNETH E		5.2 NAME	Valentine J. Zammit	
STREET ADDRESS	302 S 36 ST		5.3 STREET ADDRESS	40 West 23rd Street	
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP	New York, NY 10010	
TITLE	V	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	SCHULTZ, MICHAEL L		6.2 NAME	Michael L. Schultz	
STREET ADDRESS	302 S 36 ST		6.3 STREET ADDRESS	13801 FNB Parkway	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Omaha, NE 68154	

CR2E034 (11/98)

14. I hereby 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 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, with all other like empowered.

SIGNATURE: Michael L. Schultz SIGNATURE REQUIRED Michael L. Schultz, Senior V.P. 4/20/99 (402) 965-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #