FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 5-1-96 B- 6181 XC

DOCUMENT # G34708 (9)

1. Corporation Name

LASER DISC SYSTEMS CORP.

Principal Place of Business	Mailing Address
10330 USA TODAY WAY 790 E BROWARD BLVD #302 MIRAMAR FL 33025 US	10330 USA TODAY WAY 790 E BROWARD BLVD #302 MIRAMAR FL 33025 US

3. Date Incorporated or Qualified: 04/12/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2277760 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10330 USA TODAY WAY	26 10330 USA TODAY WAY
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIRAMAR, FLORIDA	28 City & State: MIRAMAR, FLORIDA
24 Zip: 33025 25 Country: USA	29 Zip: 33925 30 Country: USA

9. Name and Address of Current Registered Agent

ACCOUNTING & BUSINESS CONSULTANTS, INC.
790 E BROWARD BLVD #302
FT. LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LYON, ROBERT A.		1.2 NAME	
STREET ADDRESS	3070 ST. JAMES DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYON, ANDREA		2.2 NAME	
STREET ADDRESS	3070 ST. JAMES, DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUY, CHESTER		3.2 NAME	
STREET ADDRESS	9731 SW 190 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 ROBERT A. LYON (PRESIDENT) 5-1-96

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