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

APPROVED AND FILED
95 MAR 27 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65048 (2)

1. Corporation Name
VECSON HOLLYWOOD CORP.

Principal Place of Business	Mailing Address
666 5TH AVENUE 28TH FLOOR NEW YORK CITY NY 10103	666 5TH AVENUE 28TH FLOOR NEW YORK CITY NY 10103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1983
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 13-3185804	☐ Applied For ☐ Not Applicable
21 142 WEST 57TH STREET	26 142 WEST 57TH STREET		
Suite, Apt. #, etc. 22 8TH FLOOR	Suite, Apt. #, etc. 27 8TH FLOOR	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 NEW YORK, N.Y.	City & State 28 NEW YORK, N.Y.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 10019 / Country 25	Zip 29 10019 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SHARAN, MURRY
4000 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019

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	1.1 TITLE	☒ Change ☐ Addition
NAME	SHAPIRO, ARLENE	1.2 NAME	
STREET ADDRESS	666 5 AVE 28 FL	1.3 STREET ADDRESS	142 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10019
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	PARFIT, GAVIN	2.2 NAME	DAVID M. GINZBERG
STREET ADDRESS	666 5 AVE 28 FL	2.3 STREET ADDRESS	142 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Arlene Shapiro, President 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARLENE SHAPIRO

0001411 CP