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
1995 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H75026 (5)

1. Corporation Name
~~BOB KAHN & COMPANY, INC.~~
MOTION IMAGE COMMUNICATIONS, INC.

Principal Place of Business
2730 SW 3RD AVE., SUITE 100
MIAMI FL 33129

Mailing Address
2730 SW 3RD AVE., SUITE 100
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1985
3a. Date of Last Report: 03/07/1994

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: 59-2592560 ☐ 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
~~IGOE, JOHN G.~~
~~250 ROYAL PALM WAY~~
~~SUITE 600~~
~~PALM BEACH FL 33480~~
~~BOB KAHN, PRES.~~
MOTION IMAGE COMMUNICATIONS
2730 SW 3RD AVE, STE. 100
MIAMI, FL. 33129

10. Name and Address of New Registered Agent
81 Name: CARL ROSTON OF STEARNS WEAVER
82 Street Address (P.O. Box Number is Not Acceptable): 150 W. FLAGLER ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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: Bob Kahn, Pres. 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	PST	11 TITLE	☐ Change ☐ Addition
NAME	KAHN, ROBERT A.	12 NAME	
STREET ADDRESS	6832 MANDELLO	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	~~AS~~	21 TITLE	AS ☒ Change ☐ Addition
NAME	~~COLE, JONATHAN~~	22 NAME	ROSTON, CARL
STREET ADDRESS	~~250 ROYAL PALM WAY~~	23 STREET ADDRESS	150 W. FLAGLER ST.
CITY-ST-ZIP	~~PALM BEACH FL~~	24 CITY-ST-ZIP	MIAMI, FL 33130
TITLE	~~AS~~	31 TITLE	☐ Change ☐ Addition
NAME	~~IGOE, JOHN~~	32 NAME	
STREET ADDRESS	~~250 ROYAL PALM WAY~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BEACH FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	100014846645
STREET ADDRESS		43 STREET ADDRESS	-05/11/95--01090--010
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	SCC 5-1-95

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 above, or on an attachment with an address.

SIGNATURE: Bob Kahn, Pres. 4/3/95 (305)859-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BOB KAHN, PRESIDENT

0126641 CP