

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

FILED

Feb 17 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H75052** (1)
1. Corporation Name
THE BOX WORLDWIDE, INC.

Principal Place of Business
**1221 COLLINS AVE
MIAMI BEACH FL 33139
US**

Mailing Address
**1221 COLLINS AVE
MIAMI BEACH FL 33139
US**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/10/1985 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2605267 | |
| 22 City & State | | 27 City & State | | Applied For Not Applicable | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVE SUITE 2000 MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 85 Zip Code FL | |

11. Pursuant to the provisions of Sections 607.0802 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

Signature typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|----------------------------|--|--|---|-----------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALAN MCGLADE | | | 1.2 NAME | | | |
| STREET ADDRESS | 1221 COLLINS AVE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | CFO | <input type="checkbox"/> DELETE | | 2.1 TITLE | CFO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOFFMAN, LUANN M | | | 2.2 NAME | | | |
| STREET ADDRESS | 1221 COLLINS AVE. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LENFEST, H. F. GERRY | | | 3.2 NAME | David B Koff | | |
| STREET ADDRESS | 202 SHOEMAKER RD | | | 3.3 STREET ADDRESS | 1221 Collins Ave. | | |
| CITY-ST-ZIP | POTTSTOWN PA | | | 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PAUL SARTAIN | | | 4.2 NAME | | | |
| STREET ADDRESS | 1221 COLLINS AVE | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MICHAELS, PATRICK J JR | | | 5.2 NAME | Robert R Bennett | | |
| STREET ADDRESS | 101 E KENNEDY BLVD, S-3300 | | | 5.3 STREET ADDRESS | 1221 Collins Ave. | | |
| CITY-ST-ZIP | TAMPA FL | | | 5.4 CITY-ST-ZIP | Miami Beach, FL 33139 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | Donne F Fisher | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | 1221 Collins Ave. | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | Miami Beach, FL 33139 | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-674-5000

Daytime Phone 0196295

CR2E034 (10/97)