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FLORIDA DEPARTMENT OF STATE

PROFIT

Mar 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)J78145 M.L.B. INTERNATIONAL SALES CORP. Principal Place of Business Mailing Address % MARC L BURTON % MARC L. BURTON 5660 LAGORCE DRIVE MIAMI BEACH FL 33140 5660 LAGORCE DRIVE MIAMI DEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1987 Principal Place of Business 2776 Sunset Suite, Apt. #, etc. 2a. Mailing Address 4. FEI Number Applied For 2770 Sunset 59-2816449 Not Applicable Suite, Ap1 #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MAM Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No SB 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 BURTON, MARC L. **5860 LAGORCE DRIVE** Street Address (P 82 MIAMI BEACH 33140 83 84 11. Pursuant to the provisions of Socions 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, and accept the obligations of Section 607.0506, Florida Statutes. SIGNATURE 12. OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition THILE 1.1 TITLE BURTON, MARC L. MARC NAME 1.2 NAME **5660 LAGORCE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE 2.1 TITLE NAME BURTON, POLLY R. 22 NAME STREET ADDRESS 5660 LAGORCE DRIVE 2.3 STREET ADDRESS MIAMI BEACH FL ろしひへ CITY-ST-ZIP 2. 4 CITY - ST-21P DELETE Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5 1 TITLE ☐ Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$T - ZIP 14. Thereby 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 roport 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 roccioer 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 1,0 on an attachment with an address. SIGNATURE:

FILED