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

PROFIT Apr 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #** J80256 PET PALACE PRODUCTIONS, INC. Principal Place of Business Mailing Address 1929 NE 164TH ST 1929 NE 164TH ST NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2828910 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BATTAGLIA, JAMES **1929 NE 164TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33162 **B3** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE NAME **BATTAGLIA, JAMES** 1.2 NAME STREET ADDRESS 1929 NE 164 ST 1.3 STREET ADORESS N MIAMI BOH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BATTAGLIA. ANTHONY** NAME 2.2 NAME 1929 NE 164 ST STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH FL 2.4 CITY - ST - ZIP DELETE 3.1 TIFLE Change Addition TITLE **BATTAGLIA, JAMES** NAME 3.2 NAME STREET ADDRESS 1929 NE 164 STES 3.3 STREET ADDRESS N. MIAMI BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition LEWIS, DONALD A. NAME 4. 2 NAME 1929 NE 164 ST STREET ADDRESS 4.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

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 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.