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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:00

DOCUMENT # K95936 (6)

1. Corporation Name

LAYMAN'S EDUCATIONAL GUIDE ON VIDEO AND CASSETTE , INC.

Principal Place of Business	Mailing Address
625 MARINER WAY ALTAMONTE SPRINGS FL 32701	625 MARINER WAY ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2982811 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country: SEMINOLE	29 Zip / 30 Country: SEMINOLE

9. Name and Address of Current Registered Agent

SIGMAN, SHEILA S.
625 MARINER WAY
ALTAMONTE SPRINGS FL 32701

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: Sheila Sigman   Date: 1/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☐ Change ☐ Addition
NAME	SIGMAN, ROBERT S.	12 NAME	
STREET ADDRESS	625 MARINER WAY	13 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRING FL 32701	14 CITY ST ZIP	
TITLE	TD	21 TITLE	VICE-PRES ☐ Change ☐ Addition
NAME	SIGMAN, ROBERT S.	22 NAME	SHEILA SIGMAN
STREET ADDRESS	625 MARINER WAY	23 STREET ADDRESS	625 MARINER WAY
CITY ST ZIP	ALTAMONTE SPRING FL 32701	24 CITY ST ZIP	ALTA SPGS FL 32701
TITLE	VICE PRESIDENT	31 TITLE	~~VICE PRESIDENT~~ ☐ Change ☐ Addition
NAME	SIGMAN, SHEILA S.	32 NAME	
STREET ADDRESS	625 MARINER WAY	33 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS, FL 32701	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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	

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: SHEILA SIGMAN Sheila Sigman   1/10/95   407 830-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #