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

FILED May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)ENTERTAINMENT SUPPORT, INC. Principal Place of Business Mailing Address 1003 BROADWAY 1003 BROADWAY RIVERIA BEACH FL 33404 RIVERIA BEACH FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4805 ME 10th Ave 21 4805 DE 10 65-0222028 Not Applicable Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be alland 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Αکد Yes □ No Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WINTERS, ALAN C 905 LAKE SHORE DRIVE #305 Street Address (P.O. Box Number is Not Acceptable) LAKE PARK FL 33403 City 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** Signature, typed or printed name of registered agent and little if applicable (NOTE- Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition WINTERS, ALAN C winters, Alunc NAME 12 NAME Hary nw 114th Terrane 905 LAKE SHORE DRIVE., #305 STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL Coruspring, FL33065 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Change TIT1 F 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TiTLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-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 report or suppliemental 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 roceiver 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 in au altachment with an address.

SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

4130194 /954-954-9601

Change

Addition