FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # M25871 (8)

1. Corporation Name
READING SYSTEMS, INC.

Principal Place of Business	Mailing Address
8940 SW 128 CT	8940 SW 128 CT
MIAMI FL 33186	MIAMI FL 33186-1775
US	US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1986	05/01/1996

2. Principal Place of Business	**21**	**2a.** Mailing Address	**26**	**4.** FEI Number **59-2649267** / Applied For / Not Applicable
Suite, Apt. #, etc.	**22**	Suite, Apt #, etc.	**27**	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State	**23**	City & State	**28**	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NICHOLS, JOHN W.
8940 SW 128 CT
SUITE 1225
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	14890 SW 76 COURT
83	
84 City MIAMI	FL 85 Zip Code 33158

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **ERGAS, MICHELLE**		1.2 NAME	
STREET ADDRESS **8940 S.W. 128TH CT.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		2.1 TITLE **DST**	☑ Change ☐ Addition
NAME **NICHOLS, JOHN WILLIAM**		2.2 NAME **JOHN W. NICHOLS**	
STREET ADDRESS **8940 SW 128 CT**		2.3 STREET ADDRESS **14890 SW 76 COURT**	
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP **MIAMI, FL 33158**	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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.

SIGNATURE _____ JOHN W. NICHOLS 4/16/97 (305) 233-0202