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

APPROVED AND FILED

95 MAR -7 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29891 (9)

1. Corporation Name

SKYBOX INTERNATIONAL INC.

Principal Place of Business	Mailing Address
300 NORTH DUKE ST. POST OFFICE BOX 30009 DURHAM NC 27702-3009	ATTN: MICHAEL EASTWOOD POST OFFICE BOX 30009 DURHAM NC 27702-3009 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 05/11/1994

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

4. FEI Number: 56-1684126 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ DATE
(If changing Registered Agent, Registered Agent must sign) (NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	LORBER, HOWARD M	12 NAME	
STREET ADDRESS	70 E SUNRISE HWY	13 STREET ADDRESS	
CITY-ST-ZIP	VALLEY STREAM NY	14 CITY-ST-ZIP	
TITLE	SVTD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, TOMMIE, E.	22 NAME	
STREET ADDRESS	300 N DUKE ST	23 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	24 CITY-ST-ZIP	
TITLE	VCOO	31 TITLE	☐ Change ☐ Addition
NAME	LADD, JAMES E	32 NAME	
STREET ADDRESS	300 N DUKE ST	33 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	34 CITY-ST-ZIP	
TITLE	PCEO	41 TITLE	☐ Change ☐ Addition
NAME	OCONNELL, FRANK J	42 NAME	
STREET ADDRESS	300 N DUKE ST	43 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FROME, ROBERT L	52 NAME	
STREET ADDRESS	505 PARK AVE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	VEREEN, BRENDA P.	62 NAME	
STREET ADDRESS	300 N DUKE ST	63 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	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: Brenda P. Vereen, Assistant Secretary 2/28/95 (919) 361-8100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

Brenda P. Vereen

04A00334 FN