

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P36548** (6)  
1. Corporation Name  
**DRAKE STUDIO, LTD. INCORPORATED**

Principal Place of Business  
**4815 EXECUTIVE PARK CT  
SUITE 201  
JACKSONVILLE FL 32216  
US**

Mailing Address  
**10435 SEYMOUR AVE.  
FRANKLIN PK IL 60131  
US**



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/05/1991</b>  |  |
| 4. FEI Number<br><b>36-3570406</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24  |  | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 30   |  |
| 9. Name and Address of Current Registered Agent<br><b>BROUGHTON, GEORGE C<br/>4815 EXECUTIVE PARK CT<br/>SUITE 201<br/>JACKSONVILLE FL 32216</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |   |                                 |                    |  |  |  |  |
|----------------------------|---|---------------------------------|--------------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS |   |                                 |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |  |  |
| TITLE                      | CD  | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| NAME                       | <b>GLASSER, ERROL</b>                           |                                 | 1.2 NAME           |  |  |  |  |
| STREET ADDRESS             | <b>EASTENO CAPITAL/595 MADISON AVE, 35TH FL</b> |                                 | 1.3 STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP                | <b>NEW YORK NY</b>                              |                                 | 1.4 CITY-ST-ZIP    |  |  |  |  |
| TITLE                      | PD  | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| NAME                       | <b>HARKNESS, KENNETH K</b>                      |                                 | 2.2 NAME           |  |  |  |  |
| STREET ADDRESS             | <b>10435 SEYMOUR AVENUE</b>                     |                                 | 2.3 STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP                | <b>FRANKLIN PARK IL</b>                         |                                 | 2.4 CITY-ST-ZIP    |  |  |  |  |
| TITLE                      | D   | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| NAME                       | <b>JOELKIER, ZEBRA C</b>                        |                                 | 3.2 NAME           |  |  |  |  |
| STREET ADDRESS             | <b>EAST 54TH STREET</b>                         |                                 | 3.3 STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP                | <b>NEW YORK NY</b>                              |                                 | 3.4 CITY-ST-ZIP    |  |  |  |  |
| TITLE                      | D   | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| NAME                       | <b>ART BYLIN, AUDUBON PARTNE</b>                |                                 | 4.2 NAME           |  |  |  |  |
| STREET ADDRESS             | <b>45 AUDUBON LANE</b>                          |                                 | 4.3 STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP                | <b>PRINCETON NJ</b>                             |                                 | 4.4 CITY-ST-ZIP    |  |  |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |  |
| NAME                       |   |                                 | 5.2 NAME           | <b>Vice President + CFO</b>  |  |  |  |
| STREET ADDRESS             |   |                                 | 5.3 STREET ADDRESS | <b>IVAN H. BARKE</b>   |  |  |  |
| CITY-ST-ZIP                |   |                                 | 5.4 CITY-ST-ZIP    | <b>10435 Seymour Ave</b>   |  |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |  |
| NAME                       |   |                                 | 6.2 NAME           | <b>G.P. of Operations</b>  |  |  |  |
| STREET ADDRESS             |   |                                 | 6.3 STREET ADDRESS | <b>George C. Broughton</b>   |  |  |  |
| CITY-ST-ZIP                |   |                                 | 6.4 CITY-ST-ZIP    | <b>4815 Executive Park Ct, Ste 201</b>                                       |  |  |  |
|                            |   |                                 |                    | <b>JACKSONVILLE, FL 32216</b>  |  |  |  |

14. I 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 \_\_\_\_\_ **IVAN H BARKE 4/15/98 842-121-5546**

CR2E034 (10/97)