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 MAY -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000012716 (6)

1. Corporation Name
MASTER EDITION, INC.

Principal Place of Business
11540 WILES ROAD
SUITE 6
CORAL SPRINGS FL 33076

Mailing Address
11540 WILES ROAD
SUITE 6
CORAL SPRINGS FL 33076

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0390439 ☐ 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

CHOQUETTE, ANDREW B
11540 WILES ROAD
SUITE 6
CORAL SPRINGS FL 33076

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: [signature] 3-21-95

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHOQUETTE, ANDREW B
STREET ADDRESS	11540 WILES ROAD SUITE 6
CITY ST ZIP	CORAL SPRINGS FL 33076

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

21 TITLE	S	☐ Change ☒ Addition
22 NAME	CYNTHIA B. CHOQUETTE	
23 STREET ADDRESS	11540 WILES RD #6	
24 CITY ST ZIP	CORAL SPRINGS, FL 33076	

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(1)(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: [signature] (PRES) 4-20-95

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

0110137 CP