SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
~~CORPORATION~~
ANNUAL REPORT
1996

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

DOCUMENT # P93000018719 (3)

1. Corporation Name

SHOW-POP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~2200 CORPORATE BLVD. N.W.~~	~~2200 CORPORATE BLVD. N.W.~~
~~SUITE 401A~~	~~SUITE 401A~~
~~BOCA RATON FL 33431~~	~~BOCA RATON FL 33431~~
US	US

2. Principal Place of Business	21 7491 No. Federal Hgwy
Suite, Apt #, etc	22 Ste 271
City & State	23 Boca Raton FL
Zip	24 33487
Country	25 USA
2a Mailing Address	26 Same
Suite, Apt #, etc	27
City & State	28
Zip	29
Country	30

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **08/09/1995**
4. FEI Number: **65-0396679** ☐ 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

~~PINONE, ANTHONY~~
~~2200 CORPORATE BOULEVARD, NW~~
~~SUITE 401A~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: GREGORY J. BLODIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): GREENSPOON, MARDER ET AL
83 100 WEST CYPRESS CREEK RD., STE. 700
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33309

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 Gregory T. Blodig 7-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	PINONE, ANTHONY	
STREET ADDRESS	~~2200 CORPORATED BLVD, NW STE. 401A~~	
CITY-ST-ZIP	~~BOCA RATON FL~~	
TITLE	VP	☒ DELETE
NAME	~~ALTMAN, PAUL~~	
STREET ADDRESS	~~2200 CORPORATE BOULEVARD, NW, SUITE 401~~	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	7491 No. Federal Hgwy	
1.3 STREET ADDRESS	Ste. 271	
1.4 CITY-ST-ZIP	Boca Raton, Fl 33487	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	[illegible]	
2.3 STREET ADDRESS	[illegible]	
2.4 CITY-ST-ZIP	[illegible]	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Pinone Pres 8/5/96 (407) 995-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Anthony Pinone Pres