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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000045420 (5) DOCUMENT #

YODANIS STUDIO, INC.

Principal Place of Business Mailing Address 7501 NW 4 ST 7501 NW 4 ST

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE **PLANTATION FL 33317** PLANTATION FL 33317 3. Date Incorporated or Qualified 06/28/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0415458 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Invigible Personal Property Tax due June 30. Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WACHHOLDER, BARRY L Name 7501 NW 4 ST Street Address (P.O. Box Number is Not Acceptable) #112 83 **PLANTATION FL 33317** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE YODANIS, BRUCE 1.2 NAME NAME 1915 S FEDERAL HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME MALM 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition TLF 6.2 NAME ESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 oficated 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 fficer 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 lock 12 or Block 13 if changed, or or an attachment with an olders.

INATURE:

9.54 568 5656