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 # P93000050932 (1)

1. Corporation Name
HOLLYWOOD COWS, INC.

Principal Place of Business	Mailing Address
107 GRAND JUNCTION BLVD ORLANDO FL 32835 US	814 AGNES DRIVE ALTAMONTE SPRINGS FL 32701 US

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 07/17/1995
4. FEI Number: 59-3191478 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Disney MGM Studios	26 6440 MetroWest Blvd ~~#416~~
22 Suite, Apt. #, etc. Roy O' Disney Production	27 Suite, Apt. #, etc. Apt 416
23 City & State Lake Buena Vista FL	28 City & State Orlando FL
24 Zip 32830 25 Country United States	29 Zip 32835 30 Country United States

9. Name and Address of Current Registered Agent

COWIE, ROBIN G
107 GRAND JURCTION BLVD
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: Cowie Robin G.
82 Street Address (P.O. Box Number is Not Acceptable): 6440 MetroWest Blvd ~~#416~~
83 Apt 416
84 City: Orlando, ~~FL~~ ~~32835~~ FL 85 Zip Code: 32835

11. Pursuant to the provisions of Section 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 this 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.

X SIGNATURE: [signature] [signature] 6-14-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWIE, ROBIN G 814 AGNES DR. ALTAMONTE SPRINGS FL 32701	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	~~Director~~ DTP COWIE ROBIN G. 6440 metrowest Blvd #416 Orlando FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	~~Director~~ PID ~~Kenneth~~ TAHT Kemeth 6530 metrowest Blvd #615 Orlando, FL 32835	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] [signature] 6/14/96 407-291-4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407-260-8027