

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

FILED

Apr 02 1998 8:00am  
Secretary of State

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

DOCUMENT #  
1. Corporation Name

P94000006902  
UNLIMITED EDITIONS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

|                                |                       |                     |                       |                                                                                                     |  |
|--------------------------------|-----------------------|---------------------|-----------------------|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                       | 2a. Mailing Address |                       | 3. Date Incorporated or Qualified                                                                   |  |
| 21                             | 422 S. MILITARY TRAIL | 26                  | 422 S. MILITARY TRAIL | 1/18/94                                                                                             |  |
| Suite, Apt. #, etc.            |                       | Suite, Apt. #, etc. |                       | 4. FEI Number                                                                                       |  |
|                                |                       |                     |                       | 65-0478747                                                                                          |  |
| 22                             | City & State          | 27                  | City & State          | Applied For                                                                                         |  |
| 23                             | DEERFIELD BEACH, FL   | 28                  | DEERFIELD BEACH, FL   | Not Applicable                                                                                      |  |
| 24                             | Zip                   | 29                  | Zip                   | 5. Certificate of Status Desired                                                                    |  |
| 33442                          |                       | 33442               |                       | <input type="checkbox"/> \$8.75 Additional Fee Required                                             |  |
| Country                        |                       | Country             |                       | 6. Election Campaign Financing                                                                      |  |
|                                |                       |                     |                       | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                        |  |
|                                |                       |                     |                       | 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                                 |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUS VINSON

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

422 S. MILITARY TRAIL

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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 of person or persons authorized to execute this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 11 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 12 NAME                                               | MARCUS VINSON                                                                |
| STREET ADDRESS             |                                 | 13 STREET ADDRESS                                     | 422 S. MILITARY TRAIL                                                        |
| CITY-ST-ZIP                |                                 | 14 CITY-ST-ZIP                                        | DEERFIELD BEACH, FL 33442                                                    |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 22 NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 23 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                                 | 24 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 32 NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 33 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                                 | 34 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 42 NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                                 | 44 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 52 NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                                 | 54 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 62 NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                                 | 64 CITY-ST-ZIP                                        |                                                                              |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200002476322  
-04/02/98--01022--001  
\*\*\*150.00  
X3-22-98754-725-0070

CR2E034 (10/97)