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 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008307 (8)

1. Corporation Name

CRW ENTERTAINMENT, INC.

Principal Place of Business
~~901 NORTHPOINT PARKWAY~~
~~SUITE 310~~
~~WEST PALM BEACH FL 33407~~

Mailing Address
~~901 NORTHPOINT PARKWAY~~
~~SUITE 310~~
~~WEST PALM BEACH FL 33407~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 11000 Prosperity Farms Road
Suite, Apt. #, etc.
22 Suite 104
City & State
23 Palm Beach Gardens FL
Zip 24 33410 Country 25 USA

2a. Mailing Address
26 11000 Prosperity Farms Road
Suite, Apt. #, etc.
27 Suite 104
City & State
28 Palm Beach Gardens, FL
Zip 29 33410 Country 30 USA

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

4. FEI Number: 65-0468457 ☐ 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

LEONE, PHILIP E
~~901 NORTHPOINT PARKWAY~~
~~SUITE 310~~
~~WEST PALM BEACH FL 33407~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11000 Prosperity Farms Road
83 Suite 104
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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] 4/27/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILKERSON, CLARA R
STREET ADDRESS	3814 DALEBROOK DR.
CITY-ST-ZIP	MONTCLAIR VA 22026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE		☐ Change ☐ Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		☐ Change ☐ Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		☐ Change ☐ Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		☐ Change ☐ Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		☐ Change ☐ Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		☐ Change ☐ Addition
6) NAME		
6) STREET ADDRESS		
6) CITY-ST-ZIP		

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 the 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: Clara Robin Wilkerson [signature] 4/27/95 (407) 848-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0246700 CP