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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000008307 (8) CRW ENTERTAINMENT, INC. Principal Place of Business Mailing Address 11000 PROSPERITY FARMS ROAD 11000 PROSPERTY FARMS ROAD SUITE 104 SUITE 104 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 02/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0468457 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEONE, PHILIP E PETER RENE 11000 PROSPERTY FARMS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 11000 PROSPERITY FARMS **B3** PALM BEACH GARDENS FL 33410 84 City Zip Code 334/0 Beach Galdens 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. (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE WILKERSON, CLARA R NAME 1.2 NAME CR2E034 -8814-DALEBROOK DR. 4784 PEARSON DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MONTOLAIR VA 22020** WOODERIDGE, VA. 22193 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CiTY-ST-ZIP 2. 4 City - St - ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE TITLE Change __ Addition 5.1 Title 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE __ Changè Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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:

Clarket willowfor

and

1998

FILED

May 07 1998 8:00am

Secretary of State