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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019560 (9)

FILED Jan 28 1998 8:00am Secretary of State

SOUTHERN AUDIO VISUAL, INC. Principal Place of Business Mailing Address 1550 NW 79TH AVE P O BOX 527805 MIAMI FL 33126 MIAMI FL 33152-7805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1994 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0474211 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRODIE, STEVEN COHEN, BERKE, BERNSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DRIVE MIAMI FL 33133 83 84 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ DELETE DPST TITLE 1.1 TITLE LOWENTHAL, PAUL NAME 1.2 NAME 1550 NW 79TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1,4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition BRODIE, DAVID 2.2 NAME NAME 1550 NW 79TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual eport 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 of the receiver of truefee 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 grown an attachment with an address,

SIGNATURE:

305-591-3888

CR2E034