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

CORPORATION ANNUAL REPORT

1998

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030043 (1)

ECLIPSE MAGAZINE, INC. Principal Place of Business Mailing Address 1620 MAIN ST. 1620 MAIN ST. SUITE 7 SHITE 7 DO NOT WRITE IN THIS SPACE SARSOTA FL 34236 SARSOTA FL 34236 3. Date Incorporated or Qualified 04/20/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0491425 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 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMITH, KIM ALEXANDER 1620 MAIN ZT. SUITE 7 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 City 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 registried agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TOTLE ALEXANDER, BARRY 1.2 NAME NAME 1355 W. WAY DR. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ALEXANDER, JUDY NAME 2.2 NAME 1355 W. WAY DR. STREET ADDRESS 2.3 STREET ADORESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 of the receiver or furstee 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, our an attact of the property of t

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED

Apr 09 1998 8:00am

Secretary of State