

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

FILED  
May 15 1998 8:00am  
Secretary of State

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

DOCUMENT # P94000037895 (7)

1. Corporation Name

BLIMPIE BROWARD LEASING CORP.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH ST., STE. 300  
NORTH MIAMI BEACH FL 33162

Mailing Address

P.O. BOX 888287  
DUNWOODY GA 30356-0287  
US



DO NOT WRITE IN THIS SPACE

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address  |
| 21 Suite, Apt. #, etc.         | 26 1775 The Exchange |
| 22 City & State                | 27 # 600             |
| 23 Zip                         | 28 Atlanta, Georgia  |
| 24 Country                     | 29 30339             |
|                                | 30 USA               |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 05/19/1994   |
| 4. FEI Number   | 65-0502014   |
| 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No           |

|   |
|---|
| 9. Name and Address of Current Registered Agent   |
| UNITED CORPORATE SERVICES, INC.<br>801 N.E. 167TH STREET<br>SUITE 300<br>NORTH MIAMI BEACH FL 33162 |

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
|----------------------------|------------------------------|---|---------------------------|
| TITLE                      | PD                           | 1.1 TITLE   | VD                        |
| NAME                       | SIEGEL, DAVID L              | 1.2 NAME  | DAVID L. SIEGEL           |
| STREET ADDRESS             | 740 BROADWAY                 | 1.3 STREET ADDRESS                                    | 740 BROADWAY - 12TH FLOOR |
| CITY-ST-ZIP                | NEW YORK FL                  | 1.4 CITY-ST-ZIP                                       | NEW YORK, NEW YORK 10003  |
| TITLE                      | V                            | 2.1 TITLE   | P                         |
| NAME                       | MORGAN, JOE                  | 2.2 NAME  | JOSEPH MORGAN             |
| STREET ADDRESS             | 740 BROADWAY                 | 2.3 STREET ADDRESS                                    | 740 BROADWAY - 12TH FLOOR |
| CITY-ST-ZIP                | NEW YORK NY                  | 2.4 CITY-ST-ZIP                                       | NEW YORK, NY 10003        |
| TITLE                      | S                            | 3.1 TITLE   | VSD                       |
| NAME                       | LEANESS, CHARLES             | 3.2 NAME  | CHARLES LEANESS           |
| STREET ADDRESS             | 740 BROADWAY                 | 3.3 STREET ADDRESS                                    | 740 BROADWAY - 12TH FLOOR |
| CITY-ST-ZIP                | NEW YORK NY                  | 3.4 CITY-ST-ZIP                                       | NEW YORK, NY 10003        |
| TITLE                      | TV                           | 4.1 TITLE   |                           |
| NAME                       | SITKOFF, ROBERT              | 4.2 NAME  |                           |
| STREET ADDRESS             | 1775 THE EXCHANGE, SUITE 600 | 4.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                | ATLANTA GA                   | 4.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                              | 5.1 TITLE   | T                         |
| NAME                       |                              | 5.2 NAME  | PATRICK POMPEO            |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    | 740 BROADWAY - 12TH FLOOR |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       | NEW YORK, NY 10003        |
| TITLE                      |                              | 6.1 TITLE   |                           |
| NAME                       |                              | 6.2 NAME  |                           |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                              | 6.4 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 5/22/98

CR2E034 (10/97)