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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 98 JUN 26 PM 1: 11 DIVISION OF CORPORATIONS 1998 P94000040888 (7) DOCUMENT # SELVAL PART OF STATE TALLAHASSEE, FLORIDA SHOW CONCEPTS, INC. Principal Place of Business Mailing Address 1376 HAZEL ST. N.W. 1376 HAZEL ST., N.W. PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-328 1895 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution $Z_{\rm IP}$ Country 2mCountry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name HIRSCH, ERIC 1376 HAZEL ST., N.W. **B2** Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 84 Cily 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. Thereby accept the appointment as registered agent, at an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent is gnature required when reinstating) Signature: typed or princed name of respected agent and title if apposable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE. Change Addition TITLE 111BU HIRSCH, ERIC C NAME 1.2 NAME 1376 HAZEL ST NW 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 1.4 CHTY-ST-ZIP CITY-S1-ZIP DELETE 217011 TITLE 2.2 NAME NAME ****150.00 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 DITY-S1-ZIF DELETE 3.1 TITLE ☐ Change ☐ Addition **THLE** 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 10116 Change Addition TITLE 4. 2 NAM NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 7IP CITY-\$1-20P DELETE Change Addition TITLE 5.1 THLE 5.2 NAM6 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP 🔲 bei Fre Char TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS C/TY-ST-ZIF 6 4 CHTY - ST - 7IP

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 suppliemental 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