FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 22 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001498300
-05/24/95--01064--003
******8.75 ******8.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000045115

1. Corporation Name
SHOW BUSINESS MAGAZINE INC.

Principal Place of Business / Mailing Address
3191 Coral Way Madison Circle Center
Third Floor
Miami, Florida 33145

3. Date Incorporated or Qualified: 6-18-94
3a. Date of Last Report: N/A

2. Principal Place of Business
21 6073 NW 167 Street
Suite, Apt. #, etc. 22 C14
City & State 23 Miami, Florida
Zip 24 33015 Country 25 USA

2a. Mailing Address
26 6073 NW 167 Street
Suite, Apt. #, etc. 27 C14
City & State 28 Miami, Florida
Zip 29 33015 Country 30 USA

4. FEI Number: 65-0523736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Braulio Jatar Alonso
3191 Coral Way Madison Circle Center
Third Floor
Miami, Florida 33145

10. Name and Address of New Registered Agent

81 Name: John Hume
82 Street Address (P.O. Box Number is Not Acceptable): 1401 University Drive
83: Suite 301
84 City: Coral Springs FL 85 Zip Code: 33071

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: John Hume
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary	11 TITLE	President, Secretary, Dir ☒ Change ☐ Addition
NAME	Nerina Morales	12 NAME	Nerina Morales
STREET ADDRESS	6037 NW 167 Street Ste C14	13 STREET ADDRESS	6037 NW 167 Street Ste C14
CITY ST ZIP	Miami, FL 33015	14 CITY ST ZIP	Miami, FL 33015
TITLE	Vice President, Treasurer	21 TITLE	☒ Change ☐ Addition
NAME	Alexis Sierralta	22 NAME	
STREET ADDRESS	6037 NW 167 Street Ste C14	23 STREET ADDRESS	DELETE
CITY ST ZIP	Miami, FL 33015	24 CITY ST ZIP	000001498300 -05/24/95--01064--004
TITLE	Director	31 TITLE	☒ Change ☐ Addition
NAME	Miguel Sierralta	32 NAME	****225.00 ****225.00
STREET ADDRESS	6037 NW 167 Street Ste C14	33 STREET ADDRESS	DELETE
CITY ST ZIP	Miami, FL 33015	34 CITY ST ZIP	
TITLE	Director	41 TITLE	Vice Pres, Treas., Director ☒ Change ☐ Addition
NAME	Luis Morales	42 NAME	Luis Morales
STREET ADDRESS	6037 NW 167 Street Ste C14	43 STREET ADDRESS	6037 NW 167 Street Ste C14
CITY ST ZIP	Miami, FL 33015	44 CITY ST ZIP	Miami, FL. 33015
TITLE	Director	51 TITLE	☒ Change ☐ Addition
NAME	Antonio Jatar	52 NAME	
STREET ADDRESS	6037 NW 167 Street Ste C14	53 STREET ADDRESS	DELETE
CITY ST ZIP	Miami, FL 33015	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	5/22/95 MH
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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/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: Nerina Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nerina Morales, President

Date: May 5, 1995
Daytime Phone #: (305) 826-9597