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 JUN 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001521186
-06/23/95--01001--002
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000060197

1. Corporation Name
YOUNG ACTORS STUDIO, INC

Principal Place of Business / Mailing Address
15050 NE 20TH AVENUE
NORTH MIAMI
FL 33181

3. Date Incorporated or Qualified: 8/12/94 FILED 8/16/94
3a. Date of Last Report: NOT APPLICABLE

2. Principal Place of Business
21: AS ABOVE
22: Suite, Apt #, etc
23: City & State
24: Zip
25: County

2a. Mailing Address
26: 15050 NE 20TH AVE
27: Suite, Apt #, etc
28: City & State: NORTH MIAMI FL
29: Zip: 33181
30: County: DADE

4. FEI Number: 65-0520970 ☐ 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 [illegible] for intangibles under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CORPORATE INFO. SERVICES
1201 HAYS ST
TALLAHASSEE
FL 32301

10. Name and Address of New Registered Agent
81 Name: ALAN H. ROLNICK, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 2100 FIRST UNION FINL CTR
83: 200 SO. BISCAYNE BLVD
84 City: MIAMI FL 85 Zip Code: 33131

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: Alan H. Rolnick — 5/30/95
(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 / NAME / STREET ADDRESS / CITY ST ZIP	SHARON LANE - DIRECTOR PRESIDENT/SECRETARY/TREASURER 15050 NE 20TH AVE NORTH MIAMI FL 33181	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition 6/21/95 LIST
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 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 on an attachment with an address.

SIGNATURE: [illegible] — 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date

Electronic Filers