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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000073873 (9)**

1. Corporation Name
NCM VENTURES, INC.

Principal Place of Business	Mailing Address
401 E. ILLINOIS STREET SUITE 332 CHICAGO IL 60611	401 E. ILLINOIS STREET SUITE 332 CHICAGO IL 60611-4363

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 3175 COMMERCIAL AVE
Suite, Apt. #, etc.
22 222
City & State
23 NORTH BROOK IL
Zip 24 60062 Country 25 USA

2a. Mailing Address
26 3175 COMMERCIAL AVE
Suite, Apt. #, etc.
27 222
City & State
28 NORTHBROOK IL
Zip 29 60062 Country 30 USA

4. FEI Number: 36-3982021 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2636

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LARRY A. SIEGEL		1.2 NAME		
STREET ADDRESS	401 E. ILINOIS #332		1.3 STREET ADDRESS	3175 COMMERCIAL AVE, #222	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	NORTH BROOK IL. 60062	
TITLE		☐ DELETE	2.1 TITLE	DIRECTOR - VICE PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	ADORA SPATZ-GLENN	
STREET ADDRESS			2.3 STREET ADDRESS	3175 COMMERCIAL AVE, #222	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NORTHBROOK IL. 60062	
TITLE		☐ DELETE	3.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME			3.2 NAME	SONYA STAY	
STREET ADDRESS			3.3 STREET ADDRESS	3175 COMMERCIAL ALE, #222	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	NORTHBROOK IL. 60062	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Larry Siegel - Pres 4/30/97 847-714-9700 X 33
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #