SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT #P94000081119

1. Corporation Name
DRAGON ENTERTAINMENT INC,

Principal Place of Business	Mailing Address
13727 SW 152 ST SUITE 331 MIAMI FL 33177	13727 SW 152 ST SUITE 331 MIAMI FL 33177

3. Date Incorporated or Qualified: 11-3-94
3a. Date of Last Report: 4-25-95

2. Principal Place of Business
21: 13533 SW 113 PL
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FL
Zip 24: 33176
Country 25: USA

2a. Mailing Address
26: 13533 SW 113 PL
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33176
Country 30: USA

4. FEI Number: 650540806

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
JASON CONOLLY
13533 SW 113 PL
MIAMI FL 33176

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS ☐ DELETE	1.1 TITLE	DVS ☑ Change ☐ Addition
NAME	JASON CONOLLY	1.2 NAME	JASON CONOLLY
STREET ADDRESS	13735 SW 176 TER	1.3 STREET ADDRESS	13533 SW 113 PL
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	DPT ☐ DELETE	2.1 TITLE	DPT ☑ Change ☐ Addition
NAME	JULLIAN BOOTHE	2.2 NAME	JULLIAN BOOTHE
STREET ADDRESS	15730 Palmetto Club DR	2.3 STREET ADDRESS	16111 SW 102 AVE
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	700001913487
STREET ADDRESS		6.3 STREET ADDRESS	-08/06/96--01018--036
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

CR2E031 (3/96)

14. I hereby certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Jason Conolly JASON CONOLLY 7/30/96 (800)749-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number