

Feb 24 1997 8:00am
Secretary of State



PARAGON VISUAL SYSTEMS, INC.

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/09/1994 | 3a. Date of Last Report 02/19/1996 |
|--|--|

| | |
|---------------|----------------|
| 4. FBI Number | Applied For |
| 50-3286955 | 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

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| | |
| ss (P.O. Box Number is Not Acceptable) | |
| | |
| 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

Signal: re-type or printed name of requester agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4F Mitagi Bldg, 1-10-12 Shibuya |
| 2.4 CITY-ST-ZIP | Shibuya-Ku, Tokyo, Japan 150 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | President |
| 3.3 STREET ADDRESS | Jason Short |
| 3.4 CITY-ST-ZIP | 3941 Dijon Drive |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | Orlando, Fl., 32808 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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:

~~CONFIDENTIAL~~

2.10.97

(407) 682-0080

Da!

Daytime Phone #

CP2E034 (9/96)