FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00			FILED
PROFIT CORPORATION NNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra 3. Mortham	Apr 30 1998 8:00am
1998		Secretary of State DIVISION OF CORPORATIONS	Secretary of State

A٨ DOCUMENT # P94000090355 (6) REEL IMAGE, INC. Principal Place of Business Mailing Address 3763 ENTERPRISE AVE.. 3783 ENTERPRISE AVE., (HAPLES FL 34/04 NAPLES FL 34/04 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0538466 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOUGH, RODGER E 3763 ENTERPRISE AVE., 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FLOWS 34/04 83 4 City Zip Code 85 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** Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME HOUGH, ROGER E 1.2 NAME STREET ADDRESS 2472 LONGBOAT DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP 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 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETÉ 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP

14. I 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 providing the address.

SIGNATURE:

RODGER E. Houl

4/24/92

941-211-2536