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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000093370 (2)**

1. Corporation Name
BENEDICT LUST PUBLICATIONS, INC.

Principal Place of Business
427 NORTHRIDGE ROAD
SANTA BARBARA CA 93105

Mailing Address
427 NORTHRIDGE ROAD
SANTA BARBARA CA 93105-1931

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 480 Arrowmount Pl
Suite, Apt. #, etc.
22
City & State
23 Lake Mary Fl
Zip
24 32746
Country
25

2a. Mailing Address
26 P.O. Box 953335
Suite, Apt. #, etc.
27
City & State
28 Lake Mary, Fl
Zip
29 32795
Country
30

4. FEI Number: 77-0391419 — 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**
ROOT, JOHN B III
750 FLEET FINANCIAL COURT
LONGWOOD FL 32750

10. **Name and Address of New Registered Agent**
81 Name: Karl Lust
82 Street Address (P.O. Box Number is Not Acceptable): 480 Arrowmount Pl
83
84 City: Lake Mary FL
85 Zip Code: 32746

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: X Karl Lust — (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) — X 3/12/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	LUST, KARL
STREET ADDRESS	427 NORTHRIDGE ROAD
CITY-ST-ZIP	SANTA BARBARA CA 93105
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	480 Arrowmount Pl
1.4 CITY-ST-ZIP	Lake Mary Fl 32746
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 X — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — X 3/12/97 Date — X 321-4278 Daytime Phone