FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000058557 (6)

1. Corporation Name

POWER ENTERTAINMENT, INC.

Principal Place of Business

10153 CROWN CT
ORLANDO FL 32821

Mailing Address

10153 CROWN CT
ORLANDO FL 32821

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/27/1995

3a. Date of Last Report

4. FEI Number: 59-3369064 — 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. XX Yes ☐ No

9. Name and Address of Current Registered Agent

CORTES, ANGEL L
7611 S ORANGE BLOSSOM TRAIL
SUITE 309
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: HARRY J. SWART, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 717 E OAK STREET
83
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: [signature] DATE: 5/16/96

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

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	CORTES, ANGEL L JR	
STREET ADDRESS	7738 JAFFA CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DWEI	☐ DELETE
NAME	NSTEIN, STEVE R	
STREET ADDRESS	10153 CROWN CT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	[X] DELETE
NAME	WEINSTEIN, ELAINE C	
STREET ADDRESS	5421 SANDYHILL DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	[X] DELETE
NAME	PASUAL, LARRY	
STREET ADDRESS	10153 CROWN CT	
CITY-ST-ZIP	ORLANDO FL 32821	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE	D,P,S	[X] Change ☐ Addition
2.2 NAME	WEINSTEIN, STEVE R	
2.3 STREET ADDRESS	10153 CROWN CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32821	
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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4/2/96 857-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #