

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059942 (9)

1. Corporation Name

TAPEWORM STUDIOS, INC.

Principal Place of Business

1942 N.E. 147TH TERRACE
NORTH MIAMI FL 33181
US

Mailing Address

1942 N.E. 147TH TERRACE
NORTH MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

65-0599682

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROMEY, CHRISTIAN	
STREET ADDRESS	3236 NORTHWEST 41 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWKER, TOM	
STREET ADDRESS	3236 NORTHWEST 41 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONDAR, JULIO	
STREET ADDRESS	3236 NORTHWEST 41 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOUDET, MIKE	
STREET ADDRESS	3236 NORTHWEST 41 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DU BOIS, JEREMY	
STREET ADDRESS	3236 NORTHWEST 41 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Bowker, Tom	
1.3 STREET ADDRESS	1942 N.E. 147th Terr.	
1.4 CITY-ST-ZIP	North Miami, FL 33181	

2.1 TITLE	VD/SD/TD/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DuBois, Jeremy	
2.3 STREET ADDRESS	1942 N.E. 147th Terr.	
2.4 CITY-ST-ZIP	North Miami, FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

(305) 553-2889

Daytime Phone # 0252024

CR2E034 (10/97)