SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000061409

1. Corporation Name

Entheos Publishing, Inc.

Principal Place of Business	Mailing Address
1520 Jenks Ave. Ste. D Panama City, FL 32405	8138 Marcia Rd. Panama City, FL 32409

2. Principal Place of Business 21 1520 Jenks Ave.	2a. Mailing Address 26 8138 Marcia Rd.	3. Date Incorporated or Qualified August 9, 1995	3a. Date of Last Report 6
Suite, Apt. #, etc. 22 Ste. #D	Suite, Apt. #, etc. 27	4. FEI Number 59-3328857	☐ Applied For ☐ Not Applicable
City & State 23 Panama City, FL	City & State 28 Panama City, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 32405	Zip 29 32409	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Country 25 USA	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Law Firm of Lawrence J. Spiegel - Amerilawyer
343 Almeria Ave.
Coral Gables, FL. 33134

10. Name and Address of New Registered Agent

81 Name: Law Firm of Lawrence J. Spiegel - Amerilawyer
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Ave.
83
84 City: Coral Gables FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wanease Waldrop 8138 Marcia Rd. Panama City FL 32409 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Wanease Waldrop 8138 Marcia Rd. Panama City FL 32409 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Wanease Waldrop 8138 Marcia Rd. Panama City FL 32409 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Wanease Waldrop 8138 Marcia Rd. Panama City, FL. 32409 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	100001859181 -06/12/96--01019--006 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 6-11-96 JR

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Wanease Waldrop — 6-5-96 — 904-785-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #