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 # **P95000075918 (9)**

1. Corporation Name

THE NOW AGE PRESS, INC.

Principal Place of Business	Mailing Address
6799 TOWN HARBOUR BLVD APT 2023 BOCA RATON FL 33433	6799 TOWN HARBOUR BLVD APT 2023 BOCA RATON FL 33433

2. Principal Place of Business
21 239 Royal Ct.
Suite, Apt. # etc.
22
City & State
23 Delray Beach FL
Zip 24 33444 County 25

2a. Mailing Address
26 P.O. Box 1274
Suite, Apt. # etc.
27
City & State
28 Delray Beach FL
Zip 29 33447 County 30

3. Date Incorporated or Qualified: 09/28/1995

3a. Date of Last Report

4. FEI Number — 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 was initially subject to the provisions of Section 607.0505, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Craig Gordon
82 Street Address (P.O. Box Number is Not Acceptable): 239 Royal Ct.
83
84 City: Delray Beach FL 85 Zip Code: 33444

11. Pursuant to the provisions of Section 607.0502 and F.S. 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] 8/7/96
(Required) (Date)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Craig Gordon	
STREET ADDRESS	239 Royal Ct.	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	V.P.	☐ DELETE
NAME	Walter Gordon	
STREET ADDRESS	23265 Mirabella Cir. North	
CITY-ST-ZIP	Boca Raton FL 33433	
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		
1.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. (s.) 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall be considered a signature of my resignation as 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 13 if changed or added by an attachment with an address.

SIGNATURE: [signature] 8/7/96 561-276-9544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (3/96)