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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Daytime Phone # 0000089

Date

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000093088 (9)

BASELINE ENTERTAINMENT GROUP USA, INC.

Principal Place of Business Mailing Address 2100 45TH STREET 2100 45TH STREET SUITE A-2A SUITE A-2A WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-2016 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1995 01/02/1997 2. Pancipal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0623850 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 64 City Zip Code 85 11. Pursuant to the previsions 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and two if applicable (NOTE: Registered Agent signature regulard when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12 PSTD DELETE Change mu 11 TITLE BOSTIC, JANICE A 1.2 NAME NAV: 1694-C FOREST LAKES CIRCLE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 1.4 CITY-ST-ZIP CHY-SI-7P TIFLE DELETE 21 TITLE Change Addition 22 NAME MaMi STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP C(1Y - 5T - 2)P DELETE Addition Change TITLE 31 TITLE 32 NAME 3.3 STREET ADDRESS STREEL ADDRESS 3.4. CITY-ST-ZIP COTY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS COLY- ST-20F 4 4 CITY - ST-ZIP DELETE ☐ Addition 5.1 TITLE Tillif NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP City - \$1 - ZIP DELETE Addition Change THUE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET AUDRESS 64 CITY-ST-ZIP 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 of 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 attackment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR