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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000010183

1. Corporation Name
Four Horsemen Communications, Inc.

Principal Place of Business / Mailing Address
220 W. Brandon Blvd, Ste 208
Brandon, FL 33511

3. Date Incorporated or Qualified: 01-29-96
3a. Date of Last Report:

2. Principal Place of Business
21 1365 Hamlet Ave
22 Suite, Apt. #, etc:
23 City & State: Clearwater, FL
24 Zip: 34756 25 Country:

2a. Mailing Address
26 1365 Hamlet Ave
27 Suite, Apt. #, etc:
28 City & State: CLEARWATER, FL
29 Zip: 34756 30 Country:

4. FEI Number: 59-3374204 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
John O. Rockne
220 W. Brandon Blvd, Ste 208
Brandon, FL 33511

10. Name and Address of New Registered Agent
81 Name: Eugene P. Castagliuolo
82 Street Address (P.O. Box Number is Not Acceptable): 1365 Hamlet Avenue
83
84 City: Clearwater FL 85 Zip Code: 34756

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: Eugene P. Castagliuolo Eugene P. Castagliuolo 4-29-97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D JOHN O. ROCKNE 220 W. Brandon Blvd, Ste 208 Brandon, FL 33511 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BEN LACY 220 W. Brandon Blvd, Ste 208 Brandon, FL 33511 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: President 3.2 NAME: DAVID T. BOSSET 3.3 STREET ADDRESS: 1365 HAMLET AVENUE 3.4 CITY-ST-ZIP: CLEARWATER, FL 34756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: SECRETARY/TREASURER 4.2 NAME: Julia Wheaton 4.3 STREET ADDRESS: 1365 Hamlet Avenue 4.4 CITY-ST-ZIP: CLEARWATER, FL 34756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: Julia Wheaton 4-29-97 813-298-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Julia Wheaton, Secretary