FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000035292 (7) WORLD POSTERS, INC. Principal Place of Business Mailing Address 915 DOGWOOD DR 915 DOGWOOD DR DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 353 E Palmetto Park Rd 353 E Palmetto Park Rd 65-0669817 Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Boca Rut Boca Raton, FL Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 33432 24 35432 Personal Property Tax due June 30. **y** Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ai Name **GALISON, FREDERICK** 915 DOGWOOD DR **B2** Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 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 reinstaling) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME GALISON, FREDERICK 1.2 NAME STREET ADDRESS 915 DOGWOOD DR 1.3 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY- ST- ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 ennual 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 correction 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 inchanged, or or fin attaching the with an addings.

61 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

DELETE

Addition

☐ Change