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Apr 15 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 # P96000052997

1. Corporation Name
PATE MULTIMEDIA, INC.

Principal Place of Business
1819 E. GLANCY DR.
DELTONA, FL
32725

Mailing Address
SAME

3. Date Incorporated or Qualified: 06/20/96
3a. Date of Last Report:

2. Principal Place of Business
21 622 IRONWOOD DR.
22 Suite, Apt #, etc.
23 City & State: FT. WALTON BEACH, FL
24 Zip: 32547
25 Country: USA

2a. Mailing Address
26 622 IRONWOOD DR.
27 Suite, Apt #, etc.
28 City & State: FT. WALTON BEACH, FL.
29 Zip: 32547
30 Country: USA

4. FEI Number: 59-3384760 ☐ 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
FINANCIAL FOUNDATIONS, INC
1301 SEMINOLE BLVD. SUITE 155
LARGO, FL. 34640

10. Name and Address of New Registered Agent
81 Name: CATHERINE BICKSLER PATE
82 Street Address (P.O. Box Number is Not Acceptable): 622 IRONWOOD DR.
83
84 City: FT. WALTON BEACH FL 85 Zip Code: 32547

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: Catherine B Pate CATHERINE B. PATE, PRESIDENT 4/9/97
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10.1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: P 1.2 NAME: CATHERINE BICKSLER PATE 1.3 STREET ADDRESS: 622 IRONWOOD.DR. 1.4 CITY-ST-ZIP: FT.WALTON BEACH FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: V/S/T 2.2 NAME: WILLIAM ROY PATE 2.3 STREET ADDRESS: 622 IRONWOOD DR. 2.4 CITY-ST-ZIP: FT.WALTON BEACH FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: D 3.2 NAME: CATHERINE BROOKS BICKSLER 3.3 STREET ADDRESS: 263 BRIARWOOD CIR. 3.4 CITY-ST-ZIP: FT. WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ 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

RW 4-15-97

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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 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: William R Pate William R. Pate 9 APRIL 1997 904-863-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #