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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600058698 (7)

NOVEL ENTERTAINMENT CORP.

FILED Apr 09 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 10458 N.W. 31ST TERRACE 10458 N.W. 31ST TERRACE MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1996 2. Principal Place of Business 2a. Mailing Address 65-0684529 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBLES, MARIO A 10458 N.W. 31ST TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172** 83 84 City 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 agrint and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE ROBLES, MARIO A 1.2 NAME NAME 10458 N.W. 31ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME HAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZW Change ___ Addition DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.9 STREET ADDRESS

14. 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 of 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 attychment with an address.

SIGNATURE:

04/03/98