APR-29-97 TUE 10:17 ACCOUNTING OFFICES FAX NO. 3059[illegible]

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 07 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 # P96000084734

1. Corporation Name
LIQUID LIGHT ANIMATION AND DESIGN, INC.

Principal Place of Business	Mailing Address
1915 W. COPANS RD.	1915 W. COPANS RD
POMPANO BEACH FL 33064	POMPANO BEACH, FL 33064

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Date Incorporated or Qualified: 10/10/1996
9a. Date of Last Report:
4. FEI Number: 65-0723877 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.78** 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

SHAPIRO AND DECTOR, P.A.
7777 GLADES ROAD STE 200
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Must be signature of new agent when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PAUL J. REMO	12 NAME	
STREET ADDRESS	1915 W. COPANS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33364	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	STEVEN SHEPARD	22 NAME	
STREET ADDRESS	1915 W. COPANS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33364	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STEVE C. WHITING	32 NAME	
STREET ADDRESS	1915 W. COPANS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33364	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	500002181125 -05/16/97--01036--011 ***165.00
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	Q5/7
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	500002181125 -05/16/97--01036--000 ***165.00
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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, added or deleted.

SIGNATURE: X Steven T. Shepard 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Steven T. Shepard