## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P96000101598 (6) SESAME STREET PRODUCTIONS, INC. Mailing Address Principal Place of Business 399 NW 2ND AVENUE 399 NW 2ND AVENUE **BOCA RATON FL 33432** BOCA RATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0713077 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WHEELER, CHRISTOPHER C ESQ. 2255 GLADES ROAD STE 340W 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ 11 TITLE Change Addition TITLE SCHMIDT, RICHARD L NAME 1.2 NAME 399 NW 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MAINGOT, DAPHNE A. NAME 2.2 NAME 399 N.W. BOCA RATON BLVD. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 of an attachment with an address.

Mainent alistas

561-392-4717

Dombere a

FILED