FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006818

1. Corporation Name
SCENE-SATIONS, INC.

Principal Place of Business
6539 W. COMMERCIAL BLVD.
TAMARAC, FL 33319-2112

Mailing Address
SAME

3. Date Incorporated or Qualified: 1/23/97
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite Apt # etc. — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 65-0752195 ☐ 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

PATTI COVERT
9620 NW 43RD STREET
SUNRISE, FL 33351

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: Patricia S Covert DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PATTI COVERT	12 NAME	
STREET ADDRESS	9620 NW 43RD STREET	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	14 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RICHARD RADICE	22 NAME	
STREET ADDRESS	2112 CYPRESS BEND, #205	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	24 CITY-ST-ZIP	
TITLE	SEC. ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CAROL MINK	32 NAME	
STREET ADDRESS	5900 NW 44 STREET, APT 612	33 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 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 above, with an address.

SIGNATURE: Patricia S Covert PATRICIA S. COVERT PRES. 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date