SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE PROFIT FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT 19 AM 9: 25 DIVISION OF CORPORATIONS 1998 **DOCUMENT#** SECRETARY OF STATE ALLAHASSEE, FLORIDA P97000033343 (9) PROMADES STUDIOS, INC. Principal Place of Business Mailing Address 2413 AVENUE C 2413 AVENUE C SUITE B SUITE B DO NOT WRITE IN THIS SPACE BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217 3. Date Incorporated or Qualified 04/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3628 118h 26 3628 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Bradenton Bradenton Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 4210 X Yes 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PROMADES, ALAN MIA 2413 AVENUE C Street Address (P.O. Box Number is Not Acceptable) 82 SUITE B 83 **BRADENTON BEACH FL 34217** Zip Code **3リ***ユ1の* 84 Bradenton 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. AN TOTAL D

typed or printed numbe of registered agent and title if applicable SIGNATURE (NOTE. Registered Agent signature required when reinstating) CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change TITLE DELETE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE Change □ Addition TITLE DELETÉ 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Change ___ Addition NAME 4.2 NAME 4,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change ___ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 harde appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE: