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). Amended

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 DEC 11 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000060099

1. Corporation Name

The Science Fiction Cafe, Inc.
(fka The Ultimate Science Fiction Cafe, Inc.)

Principal Place of Business
1830 W. BROWARD BLVD
Fort Lauderdale, FL 33312

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/10/97

2. Principal Place of Business
21: 1830 W. BROWARD BLVD
22: Suite, Apt. #, etc.
23: City & State: Fort Lauderdale FL
24: Zip: 33312 25: Country: USA

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

4. FEI Number: 65-0820562 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Richard P. Greene
2455 East Sunrise Blvd, Suite 905
Fort Lauderdale, FL 33304

10. Name and Address of New Registered Agent

81 Name: Deborah A. Gronsbell
82 Street Address (P.O. Box Number is Not Acceptable): 1830 W. BROWARD BLVD.
83
84 City: Fort Lauderdale FL 85 Zip Code: 33312

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: Deborah A. Gronsbell — Deborah A. Gronsbell — 11/4/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Mark Williams 1132 SE 2nd Avenue ~~Fort Lauderdale, FL 33316~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CEO Glenn K. Jackson 1830 W. BROWARD BLVD ~~Fort Lauderdale, FL 33312~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Raymond J. Talarico 1830 W. BROWARD BLVD. Ft. Lauderdale, FL 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President Glenn K. Jackson	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Glenn K. Jackson	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treasurer Glenn K. Jackson	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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 on an attachment with an address.

SIGNATURE: Raymond J. Talarico 11/4/98 954-7699100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #