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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068030 (0)

FILED May 05 1998 8:00am Secretary of State

TOUCHSOFT DIGITAL PUBLICATION CORP. Principal Place of Business Mailing Address 5265 KEYSVILLE AVE. 5265 KEYSVILLE AVE. SPRING HILL FL 34608 SPRING HILL FL 34608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1997 4. FEI Number 59-3460999 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALDESPINO, ALBERTO 5265 KEYSVILLE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 83 City Zip Code 85 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 Signature, typed or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CR2E034 (10/97 DELETÉ TITLE 1.1 TITLE Change Addition NAME DAVIS. VIVIAN 1.2 NAME STREET ADDRESS 6421 RIVER LODGE LANE 1.3 STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SMITH. CHRISTOPHER NAME 2.2 NAME 76 FRANKLIN ST. STREET ADDRESS 23 STREET ADDRESS **BROOKLYN NY 11222** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE VALDESPINO, ALBERTO NAME 3.2 NAME 5265 KEYSVILLE AVE. STREET ADDRESS 3.3 STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 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 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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.

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11.25.95