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

FILED May 29 1998 8:00am PROFIT FLORIDA DEFARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000104470 (4) **DOCUMENT #** MIAMI STUDIO, INC. Principal Place of Business 727 701 BRICKELL AVENUE Mailing Address 301 BRICKELL AVENUE SUITE 1200 /070 SUITE 1200- / ロフュ DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 12/11/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0837402 Not Applicable Suite, Apt #, etc Suito, 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 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Properly Tax due June 30. Yes [] No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KNIGHT, JEFFERSON P フファ 701 BRICKELL AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 1200- ノッフロ 83 **MIAMI FL 33131** City 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. 4-27-98 SIGNATURE (NOT). Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITLE Knight, Jefferson P NAME 12 NAME **701** Brickell avenue STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 THLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby 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 arr address. 4-27-98

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP