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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 10, 1999 8:00 am Secretary of State

| ANN | 199 4 | UHI | | Secretary of State DIVISION OF CORPORATIONS | | | | 05-10-1999 90294 004 ***150.00 | | | | |
|--|---------------------------------|-------------------------------|-------------------------|--|-----------------------|------------------------------|-----------------|---|--|-----------------------------|------------------------------|--------------------------------|
| DOCU 1. Corporation | MENT on Name | # P9 | 18 coc | oysoeb | | | | | | | | |
| Margat | e Produc | ctions, | Inc. | | | | | | | | | |
| Principal Plac | ce of Busines | | · · · | \dashv | | | | | | | | |
| 19151 S | | Mailing Address 265 Sunrise A | venue | /enue | | | | | | | | |
| Ft. Lau | | Suite 204 | | | | | DO NOT W | DITC IN THE | 1 0DAOE | | | |
| 33332 | | | Palm Beach, F | alm Beach, FL 33480 | | | | 3. Date Incorporated or Qualif | RITE IN THIS | SARGE | | |
| | | | | | | | | | 5/20/1998 | | | |
| 2. Principal | Place of Busin | ness | | 2a. Mailing Address | | | | - 4 | 4. FEI Number | | A | pplied For |
| 21 | | | 2 | 26 | | | | 65-0844189 | • | | iot Applicable | |
| Suite, Apt | #, etc. | | - | Suite, Apt. #, etc. | | | , | 5. Certificate of Status Desired | , 🗆 | | Additional | |
| 22 City & Cto | <u> </u> | | 2 | City & State | | | | | | | Required | |
| City & Sta | ne. | |) | 28 | | | -) ' | Election Campaign Financial Trust Fund Contribution | . [] | |) May Be I to Fees | |
| Zip | | Country | | Zip | Coun | try | | 1 | This corporation owes or ha | s paid the c | | |
| 24 | Ī | 25 | 2 | 29 30 | | | | | Personal Property Tax due | June 30. | ☐ Yes | □ No |
| Name and Address of Current Registered Agent | | | | | | | | | Name and Address of Nev | v Registere | d Agent | |
| | _ | | | | 1 | 31 | Name | | | | | |
| Mintmi | | [6 | 32 | Street Add | ress | (P.O. Box Number is Not Acce | eptable) | | | | | |
| 265 Sunrise Avenue Suite 204 | | | | | | | • | | | - | | - |
| Dolo Booch El 22/80 | | | | | | | | | | | 1.1. | |
| Palm Beach, FL 33480 | | | | | | | | | | Fi | 85 Zip | Code |
| l office or | registered ag am familiar wi | ent, or both. | in the State of FI | d 607,1508, Florida Statut orida. Such change was i s of, Section 607,0505, Fl | authorized | by th | named corpora | porati ation's | ion submits this statement for board of directors. I hereby a | the purpose ccept the ap | of changing epointment as | its registered s registered |
| | Signature, typed | | of registered agent and | | E: Registered | 4gent | signature requi | iired wh | | DATE | 10.0/05070 | 00.121.40 |
| 12. | T | OF- | FICERS AND DIS | RECTORS DELETE | 13. | | | | ADDITIONS/CHANGES TO C | IFFICERS AT | Change | Addition |
| NAME | D Michael | 1 D Ca | .1 f | C. Veterie | 1.2 NAM | | | | | | | - |
| STREET ADDRESS | 10151 | SW 54tl | n Place | | - H | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | uderda | le, FL 33 | 332 | 1.4 CITY | | ľ | | | | | |
| TITLE | D | | | ☐ DELETE | 2 1 TITL | E | | | | | Change | Addition |
| NAME | | . Crout | | | 2.2 NAM | ΙE | | | | | | |
| STREET ADDRESS | | | h Place le, FL 331 | 222 | 2.3 STRI | | | | | | | |
| CITY-ST-ZIP | - | uuerua. | ie, rh 55. | DELETE OELETE | 2. 4 CIT 3.1 TITL | | ZIP | | | | Change | Addition |
| TITLE NAME | D Andy J | . Sackh | neim | Carlo Occasion | 3.2 NAM | | 1 | | | | ,- | |
| STREET ADDRESS | | | h Place | | 3 3 STR | | DRESS | | | | | |
| CITY-ST-ZIP | | | le, FL 33 | 332 | 3 4. CIT | r-ST- | ZiP | | | | | |
| TITLE | | | | DELETE | 4,1 TITL | E | | | | | Change | Addition |
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| STREET ADDRESS | | | | | 4 3 STRI | | | | | | | |
| CITY-ST-ZIP | | | | ☐ DELETE | 4.4 CITY 5.1 TITL: | | TIP . | · | | | Change | Addition |
| TITLE NAME | | | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | | | 5.2 TAN | | DRESS | | | | | |
| CITY - ST - ZIP | | | | | 5.4 CITY | | } | | | | | |
| TITLE | | | | DELETE | 6.1 TITL | | | | | | Change | - Addition |
| NAME | | | | | 62 NAM | E | Ì | | | | | |
| STREET ADDRESS | | | | | 6 3 STR | ET AD | DRESS | | | | | |
| CITY OF TIP | 1 | | | | - C + C(T) | CT 1 | so I | | | | | |

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 attackment with an address.

SIGNATURE:

MICHAEL SULF

4-27-98