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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR REFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ÅNNUAL REPORT Secretary of State 99 DCT 26 AH 10: 58 1999 DIVISION OF CORPORATIONS DOCUMENT # TALLAHASSEE, FLORIDA P98000057862 BARRINGTON ENTERPRISES, INC. Principal Place of Business Mailing Address 1770 BIARRITZ CIRCLE REINSTATEMENT. 1770 BIARRITZ CIRCLE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 06/26/1996 Applied Fo 2a. Mailing Address 2. Principal Place of Business 3577 Edington Way suite Apt # etc. 59 353 109 8 3577 Edinaton Suite, Apt. #, etc. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Palm H Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Palm Harbor FL 23 Palm Harbor Trust Fund Contribution Added to Fees 8. This corporation owes the current year Pinellas Pinellas 25 29 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Alicia Padro
Street Address (P.O. Box Number is Not Acceptable) BRINKLEY, LINSTER JR 2350-N 34TH STREET, STE. 110 3577 Edington Way ST. PETERSBURG FL 33713 83 84 City Zip Code 34685 Palm Harbor 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 familial with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE⁴

Storick's plant of the purpose of changing its registered agent and statutes.

NOTE: Registered agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE D 1.1 TITLE Change Addition DELETE Padro, Alicia 3577 Edington CR2E034 PADRO, ALICIA 1.2 HAME NAME 1770 BIARRITZ CIRCLE STREEFADORESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CITY-ST-ZIP m Harbor, FL Change Addition 2.1 TITLE TITLE DELETE PATORD Albertoway NAME 2.2 NAME 2.3 STREET ADDRESS Palm Harbor, FL STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 32 NAME NAME **800003029688--5** -10/29/99--01084--018 3.3 STREET ADDRESS STHEET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ****758.75 Change 59 75 DELETE 4.1 TITLE TITLE 4.2 NAME NAME. 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 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 frustee 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.

Alicia Padro

SIGNATURE: