02131999-90011-009-\$150.00-\$150.00

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

Feb 13, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Secretary of State** Katherine Harris CORPORATION ANNUAL REPORT Secretary of State 02-13-1999 90011 009 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000071990 1. Corporation Name EYE CATCHING VISUAL EFFECTS, INC. Mailing Address Principal Place of Business 2555 CAMELOT COURT 2555 CAMELOT COURT COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE COOPER CITY FL 33026 3. Date Incorporated or Qualifed 08/14/1998 Applied For FEI Number 65 08597/6 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Sulte, Apt. #, etc. П 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing. \$5.00 May Be City & State - -City & State Added to Fees Trust Fund Contribution 28 8. This corporation owes the current year intangible 23 Country Zip Country ☐ Yes Zio Personal Property Tax. 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name FRIEDMAN, ENID C Street Address (P.O. Box Number is Not Acceptable) 82 2555 CAMELOT COURT COOPER CITY FL 33026 83 Zip Code 85 City 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 the purpose of froids, 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition OFFICERS AND DIRECTORS Change 12. DELETE 11 TITLE President CR2E034 TITLE ENIO C FRIEDMAN 12 NAME NAME 2555 camelot Ct 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP Boser Cety Fr Addition Change CITY-ST-ZIP DELETE 2.1 TITLE Vice President TITLE 2.2 NAME Patricia A. Meyer NAME HIZLAGIS AUE FLLANDONE 23 STREET ADDRES STREET ADDRESS 2.4 CITY-ST-ZIP Addition +. LAuderdala ☐ Change CITY-ST-ZIP 3.1 TITLE DELETE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP ☐ Addition Change. CITY-5T-2F DELETE 4.1 TITLE TITLE A 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4,4 CITY-ST-ZIP Addition ☐ Change CITY-ST-ZIP 5.1 TITLE ☐ DELETE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ACCRESS 5.4 CITY-ST-ZIP ☐ Addition Change CITY-ST-ZIP 61 TITLE DELETE TITLE 62 NAME NAME A 1 STREET ADORESS

SIGNATURE:

STREET ADDRES

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 cath; that i am an 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 cath; that i am an indicator 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 charges—or on an attachment with an appears, with all other like empowered.

**FILED**