FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S17885** **(2)**

1. Corporation Name

~~BLOCKBUSTER PERIODICALS, INC.~~
Lifetime Periodicals, Inc.

Principal Place of Business	Mailing Address
2131 HOLLYWOOD BLVD SUITE 305 HOLLYWOOD FL 33020	2131 HOLLYWOOD BLVD SUITE 305 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1990
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0245320 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASTORO, FRANCIS X.
2100 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Anna Nae Walsh Burke, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): #300
83: 2881 E. Oakland Park Blvd
84 City: Fort Lauderdale FL 85 Zip Code: 33306

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: Anna Nae Walsh Burke — 4/20/95
Signature of typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LESSNE, DONALD L.	12 NAME	
STREET ADDRESS	3014 WILLOW LANE	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~LESSNE, BARBARA~~	22 NAME	
STREET ADDRESS	~~3014 WILLOW LANE~~	23 STREET ADDRESS	200001477982
CITY ST ZIP	~~HOLLYWOOD FL~~	24 CITY ST ZIP	-05/08/95--01009--013
TITLE		31 TITLE	****200.00 ****200.00 ☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	5.1.95 MB
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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.

SIGNATURE: Donald L. Lessne — 4/25/95 — (305) 925-5242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald L. Lessne

0091487 CP