FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 7249 5 B-79168-11C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:08

DOCUMENT # S46389 (0)

1. Corporation Name

OFFICIAL MERCHANDISE, INC.

Principal Place of Business	Mailing Address
6191 66TH STREET NORTH ST. PETERSBURG FL 33709	6191 66TH STREET NORTH ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1991
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 9720 EXEL CTR DR N
22 Suite, Apt. #, etc.: STE 200
23 City & State: ST. PETERSBURG, FL
24 Zip: 33702
25 County: PINELLAS

2a. Mailing Address
26: 9720 EXEL CTR DR N
27 Suite, Apt. #, etc.: STE 200
28 City & State: ST. PETERSBURG, FL
29 Zip: 33702
30 County: PINELLAS

4. FEI Number: 59-3100315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

REBACK, ROSS
6191 66TH STREET NORTH
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 9720 EXEL CTR DR N
83: STE 200
84 City: ST PETERSBURG FL 85 Zip Code: 33702

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: (Typed or printed name of registered agent and title if agent is corporation) (New Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	REBACK, ROSS	12 NAME	
STREET ADDRESS	6191 66TH STREET NORTH	13 STREET ADDRESS	9720 EXEL CTR DR N #200
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	ST. PETERSBURG, FL 33702
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	ZIGMAN, EDWARD W	22 NAME	
STREET ADDRESS	6191 66TH STREET NORTH	23 STREET ADDRESS	9720 EXEL CTR DR N, #200
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	ST PETERSBURG, FL 33702
TITLE		31 TITLE	☐ 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	
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 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 with an address.

SIGNATURE: X ROSS REBACK — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/17/95 — Date — Daytime Phone #

0300700 CP