FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S46960

(8)

DOCUMENT #

1. Corporation Name

FILED May 01 1996 8:00 am Secretary of State

| - ARTS A | nd Animation publis | HING, INC. | | |) | |
|--|----------------------------------|--|----------------------|---|---|--|
| Principal Place of Business 2800 BISCAYNE BLVD. SUITE 1100 MIAM FL 33137 US | | Mailing Address | Mailing Address | | I HADEL MEN | 1813 B1811 B1811 B1811 B1811 B1811 B1811 188) |
| | | 2800 BISCAYNE BLVD. SUITE 1100 MIAMI FL 33137 US | | Date Incorporated or Qualified 04/22/1991 | 3a. Date of Last Report 08/14/1995 | |
| • Original Disc | no of Divinoso | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 2. Principal Place of Business | | - · · · · · · | 26 | | 65-0256656 | Not Applicable |
| Suite Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | | | | | ree nequired |
| Orty & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 23 | Country | 28 | Country | ~ | 8. This corporation has liability for it | |
| Zip | Country 25 | Z _I p | 30 | | Florida Statutes Yes | |
| 24 | 9. Name and Address of Cu | | | | 10. Name and Address of New R | egistered Agent |
| | | | 81 | Name | | |
| SMITH; LINDA M | | | 82 | Street Add | lress (P.O. Box Number is Not Acceptab | le) |
| | ISCAYNE BLVD. | | | | | |
| SUITE 20 | 00 | | 83 | | | |
| N. MIAMI FL 33181 | | | 84 | City | | FL 85 Zip Code |
| or registere familiar with | ad agont or both in the Statu of | Florida Such change was authoriz Section 607.0505, Florida Statutes | ea by the corp | oration s box | oration submits this statement for the pur and of directors. Thereby accept the appli activities translating. | pose of changing its registered office pintment as registered agent. I am |
| 12. | | S AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | |
| TIFLE | DP DELETE LISMAN, CLAUDIO | | 1.111116 | | | Change Addition |
| NAME | | | 1.2 NAME | | | |
| STREET AEDRESS 2800 BISCAYNE BLVD., STE. 11 | | STE. 1100 | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL | ED DELETE | 1.4 CITY - | Sr-ZP | | Change Addition |
| THILE | ☐ DELETE | | 2 : TITLE | | | C or unge C reason |
| NAME | | | 2.2 NAME | LADORECE | | |
| STREET ADDRESS | | | 2 4 CHY - | LADORESS CEL 210 | | |
| TITLE | | DELETE | 3 1 Title | | | Change Addition |
| NAME | | — | 3.2 NAME | 1 | | |
| STREET ACOURESS | | | | ET ADURESS | | |
| CITY-S1-ZIP | | | 3.4 CITY - | | | |
| TITLE | | ☐ DELFTE | 4 1 111 LE | | 8000018 | 1 F 4 Change Addition |
| NAME | | | 4.2 NAME | | 8000018 -05/13/96010 | 037025 |
| STREET ADDRESS | | | 4.3 STREE | LADDRESS | ***200 . 00 | |
| City-St-Zip | | | 4 4 CITY | | | ☐ Change ☐ Addition |
| THILE | | ☐ DELETE | 5 1 1111 | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | L ADORESS | | |
| CITY-ST-ZIP | | DELETE | 5 4 CHY 6 1 T:(b) | | | Change Addition |
| TITLE | | _ with | 6.2 NAM | | | aff |
| NAME STREET ADDRESS | | | | EL ADDRESS | | m 1 Cr |
| STREET ALURESS | | | | -ST-ZIP | | >-1-76 |

14. If do hereby certify that the information symplicid with this filing is voluntarily furnished and dose not grainly for the exemption stated in Section 119.07(3)(b). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation of the receiver or trusted 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, for our mathemment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Baytone France #