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

CITY-ST-ZIP

FILED May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthain ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # (8)S94866 RISING STARZ, INC. Principal Place of Business Mailing Address 1320 N UNIVERSITY DR 1320 N UNIVERSITY DR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0303957 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 1320 N. UNIVERSITY DR. 82 CORAL SPRINGS FL 89701 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 111111 Change Addition TITLE **GARRETT, KATHY** 1.2 NAME 1320 UNIVERSITY DR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 14 CITY - ST - ZIP Change DELETE TITLE 21 THLE Addition GARRETT, FRED thomas J. Mikes 22 NAME 1920 UNIVERSITY DRIVE 2.3 STREET ADDRESS STREET ADDRESS 515 N. IOA STREET Coral-Springs fl 2.4 CITY - ST - ZIP CITY-ST-ZIE DELETE 3.1 1ITLE ☐ Change Addition MARge R. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-7(P DELETE Change Addition 5.1 DITE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELE1E Change Addition TITLE 61 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

Concert

4-28-90