FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V07324** **(9)**

1. Corporation Name
ASPEN LICENSING CORP.

Principal Place of Business	Mailing Address
1756 N CONGRESS AVE WEST PALM BEACH FL 33409	1756 N CONGRESS AVE WEST PALM BEACH FL 33409-5156

3. Date Incorporated or Qualified: **01/16/1992**
3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business
21 1649 Forum Place
Suite, Apt #, etc.
22 Suite 12
City & State
23 West Palm Beach FL
Zip 24 33401 Country 25

2a. Mailing Address
26 1649 Forum Place
Suite, Apt #, etc.
27 Suite 12
City & State
28 West Palm Beach FL
Zip 29 33401 Country 30

4. FEI Number: **65-0306419** ☐ 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

MALTZ, ROBERT
1756 N CONGRESS AVE
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

81 Name: Robert Maltz
82 Street Address (P.O. Box Number is Not Acceptable): 1649 Forum Place
83 Suite 12
84 City: West Palm Beach **FL** 85 Zip Code: 33401

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: Robert Maltz ROBERT MALTZ 4/14/97
Signature, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALTZ, ROBERT B 2900 LE BATEAU DR PALM BCH GARDENS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Robert Maltz 16149 Via Monte Verde Delray Beach, FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALTZ, JUDITH M 2900 LE BATEAU DR PALM BCH GARDENS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Judith Maltz 16149 Via Monte Verde Delray Beach, FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: President Robert Maltz 4/14/97 561-688-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #