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

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V09031 YRS MULTIMEDIA STUDIO, INC. Principal Place of Business Mailing Address 182 OXFORD ROAD 182 OXFORD ROAD FERN PARK FL 32730 FERN PARK FL 32730 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1992 2. Principal Place of Business 2a. Mailing Address Applied For Same as Same as 26 59-3104629 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPRINGER GIVENS, MARY KAY Name **182 OXFORD ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) FERN PARK FL 32730 83 City 84 85 Zip Code 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 will accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change TIT) F GIVENS, CHARLES J III GIVENS, CHARLES J III NAME 1.2 NAME 2E034 182 Oxford Rd 182 OXFORD ROAD 1.3 STREET ADDRESS STREET ADDRESS FERN PARK FL 32730 1.4 CITY-ST-ZIP Fern Park CITY-ST-ZIF DELETE 2.1 TITLE ☐ Change Addition TITLE SPRINGER-GIVENS, MARY KAY 2.2 NAME NAME 182 OXFORD ROAD 2.3 STREET ADDRESS STREET ADDRESS FERN PARK FL 32730 CITY-ST-ZIP 2.4 CITY-ST-ZIP 7. DELETE Addition TITLE 3.1 TITLE GIVENS, CHARLES JR. **GIVENS, CHARLES JR.** NAME 3.2 NAME 100 BLUE LAKE CT. STREET ADDRESS 3.3 STREET ADDRESS Longwood, FL 32779 LONGWOOD FL 32779 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE <u>C</u>hange 70000246195 -03/19/98--01022--015 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** ***158.75 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, group an attachment with an address.

FILED