9. Name and Address of Current Registered Agent

BEERMANN WILLIAM F

PONTE VEDRA BCH FL 32082

6270 HIGHLANDS CT

SUITE 2000

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)DOCUMENT # Corporation Name JBCD, INC. Principal Place of Business Mailing Address C/O SUPERSTOCK INC C/O SUPERSTOCK INC 7660 CENTURION PKWY 7660 CENTURION PKWY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified US 05/14/1992 4. FEI Numbe 2a Mailing Address Principal Place of Business 59-3130550 21 26 Suite, Apt #, etc Suite, Apl. #, etc. 5. Certificate of Status Desired 22 6. Election Campaign Financing City & State Oity & State Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Zio Yes No Florida Statutes 30 25 29 24

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.

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SIGNATURE NOTE Reported Agent signals are required wison recovering. DATE Signature typed or printed maneral respets a Lagragian fittle mappination CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE BEERMANN, WILLIAM F. 1.2 NAMÉ NAME **7660 CENTURION PKWY** 1.3 SEREEL ADDRESS STREET ADDRESS JACKSONVILLE FL 14 CiTY - ST ZiP CITY-ST-ZIP Change Addition DV DELETE 2 1 TITLE TITLE ONG, JAMES 2.2 NAME NAME **7660 CENTURION PKWY** 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 City \$1-2IP CITY-ST-ZIP Change Add tion DELETE 3 1 HILE TITLE CHIANG, SUSAN 3.2 NAME NAME 7660 CENTURION PKWY. 3.3 STREET ADDRESS STREET ADORESS JAX FL 3.4 CITY - ST - ZIP CITY - S1 - ZIP ☐ Addit-on □ Change DELETE 4 1 DILE TITLE 4.2 NAM(NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.011Y S1-7IP CITY-ST-ZIP ☐ Change Addition DELETE 5 1 Title 1rTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 (3) Y - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TOTALE TITLE 6.2 NAME NAME € 3 STREET ADDRESS STREET AUDRESS 64 C:1Y - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exeruption stated in Section 119.07(3)(k). 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 cath; 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:

SUSAN CHIANG SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3a. Date of Last Report

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

04/28/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable