PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95 APR
AMENDMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APR 28 1995
FILED

95 MAY -1 PM 4:17

DOCUMENT # V36933

1 Corporation Name

BRUCE BERMAN ENTERTAINMENT, INC.

| Mailing Address | Principal Place of Business |
|---|---|
| 888 8TH AVENUE<br>SUITE 15W<br>NEW YORK NY 10019 | 888 8TH AVENUE<br>SUITE 15W<br>NEW YORK NY 10019 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below

500001504445
-06/02/95--01027--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| 2 New Mailing Address, If Applicable | 3 New Principal Office Address, If Applicable |
|---|---|
| Suite, Apt #, etc | Suite, Apt #, etc |
| City & State | City & State |
| Zip / County | Zip / Country |

4 Date Incorporated or Qualified To Do Business in Florida: 05/18/1992

5 FEI Number: 65-0336935 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| V | ~~ZINSKIN, ZACH~~ | ~~961 N.E. 152ND STREET~~ | ~~NO. MIAMI BEACH FL~~ |
| Pres | Bruce Berman | 888 8th Ave # 15 W | New York, NY. 10019 |
| V | Zach Ziskin | 961 N.E. 152nd St. | No. Miami Beach, Florida |
| | REMITTED BY MAY 1 | | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| FIALKOFF, MORRIS<br>5580 E. LAKEWOOD CIRCLE<br>MARGATE FL 33063 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt #, Etc<br>City: TLS, 5/26/95 / State: FL / Zip Code |

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent — Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do waive the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] BRUCE BERMAN 4/30/95 (212) 757-4313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E045 (6-94)

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