FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:47

DOCUMENT # **V55917** **(1)**

1. Corporation Name
N UR EYE FILMS, INC.

Principal Place of Business	Mailing Address
1685 MICHIGAN AVE MIAMI BCH FL 33139 US	1685 MICHIGAN AVE MIAMI BCH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / 24 — County / 25

2a. Mailing Address
26 2826 E. OAKLAND PK BLVD
Suite, Apt. #, etc.
27
City & State
28 FT LAUDERDALE, FL
Zip 29 33307 — County 30 USA

4. FEI Number: 59-3136191 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

O'GRADY, JOHN J
1685 MICHIGAN AVE
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name: BOB BULFIN
82 Street Address (P.O. Box Number is Not Acceptable): 2826 E. OAKLAND PK BLVD
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33307

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: Bob Bulfin Registered Agent — May 8, 1995 (DATE)
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for agent change or reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	PD	11 TITLE	
NAME	O'GRADY, JOHN	12 NAME	
STREET ADDRESS	1685 MICHIGAN AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	
NAME	MOSTELLER, ERNEST C	22 NAME	
STREET ADDRESS	1685 MICHIGAN AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	24 CITY ST ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. 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)(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: John O'Grady — John O'Grady — 5/1/95 (Date) — 305-771-1865 (Daytime Phone #)
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR)

0147451 CP