SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:14

DOCUMENT # **F93000005664 (8)**

1. Corporation Name
MOGULL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
298 MULBERRY STREET SUITE 7M NEW YORK NY 10012 US	C/O LYNN RENDINE, CPA 3455 GOMER STREET YORKTOWN HEIGHTS NY 10598 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1993	3a. Date of Last Report: 08/15/1994
2. Principal Place of Business (21): 588 Broadway	2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite 711	Suite, Apt. #, etc. (27):
City & State (23): NY NY	City & State (28):
Zip (24): 10012 Country (25): USA	Zip (29): Country (30):
4. FEI Number: 13-3703346	☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A (Signature, type 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	DMPT	11 TITLE	DMPT	☒ Change ☐ Addition
NAME	MOGULL, F. DAVID	12 NAME	Mogull, F. David	
STREET ADDRESS	11 EAST 87TH ST.	13 STREET ADDRESS	120 East 87th St	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	NY NY	
TITLE	SC	21 TITLE	SC	☒ Change ☐ Addition
NAME	MOGULL, F. DAVID	22 NAME	Mogull, F. David	
STREET ADDRESS	11 EAST 87TH STREET	23 STREET ADDRESS	120 East 87th St	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	NY NY	
TITLE	V	31 TITLE	Delete	☒ Change ☐ Addition
NAME	TAPSCOTT, TRUDI	32 NAME		
STREET ADDRESS	298 MULBERRY STREET, SUITE 7M	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: [signature] 6/19/95 212-343-0100
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178100 FP