SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** F95000004277 (8) MULTIPLAYER GAMES NETWORK, INC. Principal Place of Business Maling Address 3140 FLAGLER AVE. 3140 FLAGLER AVE KEY WEST FL 33040 KEY WEST FL 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995 Principal Place of Business 2. 2a. Mailing Address 4. FEI Number Applied For 21 26 14-1744272 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z(p)Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes 🔲 No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 R4 City 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed han clot registered agont and the diapplicable (hO'E Registered Agent's gnature required whos reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1 1 TITLE Change NAME HETTINGER, JAMES 1.2 NAME CR2E034 801 EISENHOWER DR. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY - ST - ZIF 1.4 CITY - ST - ZIF TITLE **VS** DELETE 21 THILE Change Addition MORLEY, SHAUNE 2.2 NAME STREET ADDRESS 3140 FLAGLER AVE. 2.3 STREET ADDRESS KEY WEST FL 33040 CITY - ST-ZIP 2 4 CITY - ST - ZIF TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIF 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition 4 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS DiTY-ST-7IP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 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)(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/23/96

305-293-8100,28