FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

APPROVED AND FILED

98 JUN -8 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # L59861 (1990)

1. Corporation Name
MEDIA RAYS, INC.

Principal Place of Business
90 MICHAEL MULLINS
7052 ARCHWOOD DRIVE
ORLANDO, FL 32819

Mailing Address
← SAME

300002553443--6
06/08/98--01010--017
DO NOT WRITE IN THIS SPACE ****150.00 ****150.00

3. Date Incorporated or Qualified
3/20/1990

2. Principal Place of Business
21 90 MICHAEL MULLINS
22 Suite, Apt. #, etc. 7052 ARCHWOOD DR
23 City & State ORLANDO, FL 32819
24 Zip 32819 25 Country USA

2a. Mailing Address
26 90 MICHAEL MULLINS
27 Suite, Apt. #, etc. 7052 ARCHWOOD DR
28 City & State ORLANDO, FL 32819
29 Zip 32819 30 Country USA

4. FEI Number
59-3146616
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MICHAEL MULLINS
7052 ARCHWOOD DRIVE
ORLANDO, FL 32819

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL MULLINS	1.2 NAME	
STREET ADDRESS	7052 ARCHWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	1.4 CITY-ST-ZIP	
TITLE	S T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL MULLINS	2.2 NAME	
STREET ADDRESS	7052 ARCHWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$87.50

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added above.

SIGNATURE: _____ 6-3-98 (407) 291-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR