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

FILED Mar 11 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000043549 (2) MY GAY, INC. Principal Place of Business Mailing Address ONE SOUTHEAST 3RD AVE. ONE SOUTHEAST 3RD AVE. **SUITE 1400 SUITE 1400** MIAMI FL 33131 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 Date Incorporated or Qualified 06/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0504144 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year intengible ☐ Yes X No Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPROLITE CORPORATION ONE SOUTHEAST 3RD AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1400** 83 **MIAMI FL 33131** 84 City Zip Code 11. Pursuant to the provisions of Sections 607 05:02 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** Signature, typod or printed name of registered agent and title it applicable (NOTE Flogistered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE JACKSON, CARLA NAME 12 NAME 1 S.E. 3RD AVE., SUITE 1400 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CALVERT, YVONNE NAME 2.2 NAME 1 S.E. 3RD AVE., SUITE 1400 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MURPHY, PATRICK NAME 3.2 NAME 1 S.E. 3RD AVE., SUITE 1400 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP 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 Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition

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 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 it changed, or on an attachment with an address

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Carla Jackson 3/5/98 SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP