SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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
95 AUG -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000080580 (1)**

1. Corporation Name

PENTHOUSE, INC.

Principal Place of Business	Mailing Address
1717 N. BAYSHORE DR., #2234 MIAMI FL 33132	1717 N. BAYSHORE DR., #2234 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1994** | 3a. Date of Last Report:

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

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

MODY, RENU N
1717 N. BAYSHORE DR., #2234
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (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: Renu N Mody — RENU N. MODY, Registered Agent August 1, 1995
(Signature of a newly appointed registered agent and the date of signing) (Printed name of registered agent and the date of signing)

12. OFFICERS AND DIRECTORS		13. [illegible]		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MODY, RENU N	12 NAME		
STREET ADDRESS	1717 N. BAYSHORE DR., #2234	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33132	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BOGEN, CLAUDIA	22 NAME		
STREET ADDRESS	245 E. 13TH ST., APT. 12	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10003	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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, the undersigned, 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: Renu N Mody — RENU N MODY — 8/1/95 — (305)373-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038762 CP