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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

135182012

Secretary of Water DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000088073 (8)

GRADEN MEDIA GROUP, INC.

Mailing Address Principal Place of Business 1362 96TH TERRACE NORTH 3950 3RD ST N ST. PETERSBURG FL 33702-2922 ST. PETERSBURG FL 33703 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1995 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address APPLIED-Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zic Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVE., SUITE 202 Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBUR FL 33710 83 84 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 an Manillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Addition Change DELETE D 1.1 TITLE TITLE GRADEN, JOHN 1.2 NAME NAME 1362 - 86TH TERRACE NORTH 1.3 STREET ADDRESS STREET ADORESS ST. PETERSBURG FL 33702 1.4 CITY - ST- ZIP CITY-ST-ZIF Addition DELETE ☐ Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZII DELETE Change Addition 3.1 TITLE TIBLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 34. CITY-ST-ZIP CHY-SI-ZIP DELETE Change Addition 4.1 TITLE TILLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHTY - \$1 - 7IP DELETE Change Addition 51 TITLE TOLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - S1 - ZIP 14. I do 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 if chapter 607 an attachment with an address.