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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094097 (8)

1. Corporation Name
MY ROOM NETWORK CORPORATION

Principal Place of Business
1511 E. COMMERCIAL BLVD.
SUITE 142
FORT LAUDERDALE FL 33334-5717

Mailing Address
1511 E. COMMERCIAL BLVD.
SUITE 142
FORT LAUDERDALE FL 33334-5717

3. Date Incorporated or Qualified 11/18/1996
3a. Date of Last Report

2. Principal Place of Business
21 1299 E. COMMERCIAL BLVD. SANE

Suite, Apt. #, etc.

22 City & State
23 FT. LAUDERDALE, FL

24 Zip 33334 25 Country USA

26 City & State

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

31 City & State

32 Suite, Apt. #, etc.

33 City & State

34 Zip

35 Country

36 City & State

37 Suite, Apt. #, etc.

38 City & State

39 Zip

40 Country

41 City & State

42 Suite, Apt. #, etc.

43 City & State

44 Zip

45 Country

46 City & State

47 Suite, Apt. #, etc.

48 City & State

49 Zip

50 Country

51 City & State

52 Suite, Apt. #, etc.

53 City & State

4. FEI Number 069-44-6294

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARADOWSKI, MARK
1511 E. COMMERCIAL BLVD.
SUITE 142
FORT LAUDERDALE FL 33334-5717

10. Name and Address of New Registered Agent

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 *Paula Gambell* DATE 4/29/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GAMBELL, PAULA PRES 3010 N.E. 45TH ST. FT. LAUDERDALE, FL 33308

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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 changed, or on an attachment with an address.

SIGNATURE DATE

CR2E034 (9/96)