2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # P02000102626

1. Entity Name
HAWG MEDIA GROUP, INC.

Principal Place of Business	Mailing Address
6191 ORANGE DR STE 6177 DAVIE, FL 33314	6191 ORANGE DR STE 6177 DAVIE, FL 33314

03012003 Chg-P CR2E034 (10/03) MRB

2. Principal Place of Business		3. Mailing Address	
2701 N. Hiatus Rd.		2701 N. Hiatus Rd.	
Suite, Apt. #, etc.: # 104		Suite, Apt. #, etc.: # 104	
City & State: Cooper City, FL		City & State: Cooper City, FL.	
Zip: 33026	Country: USA	Zip: 33026	Country: USA

4. FEI Number: 51-0427972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOPELOWITZ, BRIAN
350 E LAS OLAS BLVD STE 1440
FT LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900003734200 9
05/26/04--01050--011 **61.25

City · FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BRYAN 6191 ORANGE DR STE 6177 DAVIE, FL 33314	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig Taylor 3432 NW 86 way #204D Sunrise FL 33351	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ERIC 6191 ORANGE DR STE 6177 DAVIE, FL 33314	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-12-04 954-741-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #