2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P94000057204 AKMA BROADCASTING, INC. 05-02-2001 90131 016 ***158.75 Principal Place of Business Mailing Address 109 BAYVIEW BLVD. 109 BAYVIEW BLVD. OLDSMAR FL 34677 OLDSMAR FL 3467 2. Principal Place of Business WIND CHIME DRW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE EARWATER Applied For City & State 4. FEI Number 59-3262442 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 761 15 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGELATOS, SOTIRIOS Street Address (P.O. Box Number is Not Acceptable) 109 BAYVIEW BLVD. OLDSMAR FL 34677 Zip Code FL 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. ŚIGNATURE Ltitle if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE AGELATOS, SOTIRIOS NAME NAME 109 BAYVIEW BLVD. SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SOTIA105 4/26/01 SIGNATURE