200	1 UNIFORM BUSI	ness repo	ort	(UBI	R)	AMENDED		
DOCUMENT # P95000071183 1. Entity Name AFFLUENT MEDIA NETWORK, INC.						FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA		
۱ میر	4 ◆						•	
Principal Place 601 CLEV SUITE 82 CLEARWAT	Mailing Address 601 CLEVELANI SUITE 820 CLEARWATER,				OI AUG 30 PM 3: ;	31		
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	ite	City & State			4 ;	4. FEI Number Applied For 59–7060754 Not Applicable		
Zip	Country	Zip Count		ry	5.	5. Certificate of Status Desired S8.75 Addition Fee Required		
	6. Name and Address of Current Re	egistered Agent		Name	7.	Name and Address of New Registere	d Agent	
585 รอบา	GEORGE E TH CR-427, SUITE 116 D, FL 32750-5462				ES, GEOD ddress (P.O. E SOUTH CI	GEORGE PO. Box Number is Not Acceptable) H CR-427, SUITE 121		
				City L ÖN G	WOOD	F	L 3255	de 50-5462
8. The above	e named entity submits this statement for the	he purpose of changing it	s registere			gent, or both, in the State of Florida.		
SIGNATURE _	GEORGE HODGES Signature, typed or printed name of registered agent and	<u> </u>			ire required when re	einslating) DATE	8-28-01	
Tax filing re	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
11.	OFFICERS AND DII	RECTORS	12.			DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 11
NAME	WENCHE D'AMORE 1180 GULF BLVD., SUITE 1002 CLEARWATER, FL 33767			T ADDRESS ST-ZIP	P.O. BO	D/P/S/T Change Maddition DAVID M. ANTONIAK P.O. BOX 1205 VINDERMERE, FL. 34786-1205		
TITLE NAME STREET ADORESS CITY-ST-ZIP	□ Delete			r address	T LAID DAY	/P/S/T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition
TITLE NAME STRÉET ADDRESS		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		*	SP Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby coindicated of the corp	certify that the information supplied with thi on this report or supplemental report is true poration or the receiver or trustee empowe or on an attachment with an address, with	☐ Delete ☐ Delete ☐ Delete is filing does not qualify for the and securate and that regort red to excust this report	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S or the exemment as require	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ption state re shall ha	ive the same l	119.07(3)(i), Florida Statutes. I further or egal effect as if made under oath; that I	ertif	Change Change Property that the in an officer

SIGNATURE: DAVID M. ANTONIAK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

aluk :4/4/01 727-466-0433

Oate Daytime Phone #

 $^{sa_{j}d}[j_{j_{0}}]$