2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 26, 2007 8:00 am DOCUMENT # P96000020301 **Secretary of State** 02-26-2007 90076 037 ***150.00 CYBERHAWK MULTIMEDIA, INC. Principal Place of Business Mailing Address 3210 N 72ND TERRACE 3210 N 72ND TERRACE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business - No P.O. Box # Mailing Address 7829 NW 40 Street 7829 NW 40 Stree Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State Gity & State 4. FEI Number Applied For 65-0648283 Not Applicable Country S A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONES DONES, DAVID Street Address (P.O. Box Number is Not Acceptable) 3210 N 72ND TERRACE HOLLYWOOD FL 33024 78ag NW 40 Street City 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. SIGNATURĖ red agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete HILE TILLE ☐ Addition Bavid Dones 7829 NW 40 Street DONES, DAVID NAME NAME 3210 N 72ND TERRACE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 Davie, FC 33024 CITY-ST-ZIP CITY-ST-ZIP Ruth Dones Delete Change HHE Addition DONES, RUTH V NAME 7829 NW 40 street 3210 N 72ND TERRACE STREET ADDRESS STREET ADDRESS Davie FL HOLLYWOOD FL 33024 CITY-ST-ZIP City-St-7P ☐ Change HIII ☐ Delete HHE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Delete HHE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ши Delete IIDE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete IJŒ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED