2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 06, 2000 8:00 am Secretary of State DOCUMENT # F93000003887 1. Entity Name SMG NETWORK, INC. 09-06-2000 90095 039 ***550.00 Principal Place of Business Mailing Address 701 MARKET STREET, SUITE 4400 701 MARKET STREET. SUITE 4400 PHILADELPHIA PA 19106 PHILADELPHIA PA 19106 801050G2 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-2734598 Not Applicable Zip Country Country \$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 RICE, ROBERT Street Address (P.O. Box Number is Not Acceptable) ICE PALACE ARENA 410 CHANNELSIDE DRIVE **TAMPA FL 33602** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750:00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition D ☐ Change TITLE ☐ Delete TITLE SUTHERLAND, FRED NAME NAME STREET ADDRESS STREET ADDRESS 1101 MARKET ST CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19107 ☐ Change Addition ☐ Delete TITLE TITLE SCHULZE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 200 W. MADISON CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Addition ☐ Delete ☐ Change TITLE -TITLE WESTLEY, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 701 MARKET ST., 4TH FL., CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA TITLE ☐ Change Addition TITLE ☐ Delete GINTY, MAUREEN NAME NAME STREET ADDRESS STREET ADDRESS 701 MARKET ST 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19106 ☐ Delete TITLE ☐ Change Addition TITLE BURNS, JOHN NAME STREET ADDRESS STREET ADDRESS 701 MARKET ST, 4TH FLOOR CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19106 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGN GOVER FACE BLEE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

215.592-6681

Daytime Phone

CR2E034 (5/00