2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

8024-LELY ISLAND CIRCLE

5117 CASTELLO DRIVE, SHITE!

5117 GASTELLO DRIVE

NAPLES, FL 34103

-NAPLES FL-34113 2611

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1

City & State

DOCUMENT # F9900001688

PRIVE

1. Entity Name

Principal Place of Business

8024 LELY ICLAND CIRCLE

2. Principal Place of Business 5117 GASTELLO

NAPLES FL-04110-2611

Suite, Apt. #, etc.

SIGNATURE:

SUITE

City & State

ONE TOUCH MEDIA INTERNATIONAL, INC.

5117 CASTELLO DRIVE, SUITE!

NAPLES, FL 34103

65-0922469 3503791 APLES NAPLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **9**34103 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARY FISHMAN WIEDENBEIN, GARY C Street Address (P.O. Box Number is Not Acceptable) 8924 LELY ISLAND CIRCLE DRIVE, CHSTELLO NAPLES FL 34113-2611 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2000 Fee will be \$550.00 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. c/V/5 Change ☐ Addition TITLE TITLE Delete HIRMAN, ARLAND E. HIRMAN, ARLAND E NAME 11499 MALLARD COURT 3221 EAST 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES. CITY-ST-ZIP **DULUTH MN 55804** ☐ Addition 🔀 Change TITLE ☐ Delete TITLE FISHMAN, GARY C. 8023 PANTHER TRAIL, NAPLES, FL 34113 WIEDENBEIN, GARY C NAME NAME 8924 LELY ISLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113-2611 Addition ☐ Delete ☐ Change TITLE WOLFE, ROBERT M. 'NAME' STREET ADDRESS 595 BEACHWALK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 34103 NAPLES, TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F [] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ARLAND HIRMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 10, 2000 8:00 am Secretary of State

02-10-2000 90020 011 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For