2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # J61814** MORNING STAR MEDIA GROUP, INC. 01-18-2000 90203 048 ***150.00 Principal Place of Business Mailing Address 9427 LAKE LOTTA CIR. 9427 LAKE LOTTA CIR. GOTHA FL 34734 GOTHA FL 34734-5048 C0003653 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicate Zip Country Zip 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 SMITH, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 9427 LAKE LOTTA CIRCLE **GOTHA FL 34734** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Change TITLE TITLE ☐ Delete SMITH, KENNETH W. NAME STREET ADDRESS 9427 LAKE LOTTA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GOTHA FL 34734** ☐ Delete ☐ Change TITLE SMITH, DIANA J. NAME NAME 9427 LAKE LOTTA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **GOTHA FL 34734** CITY-ST-ZIP ☐ Delete ~~ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 ampowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR