## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 10, 2001 08:00 AM J61814 DOCUMENT # 1. Entity Name **Secretary of State** MORNING STAR MEDIA GROUP, INC. Principal Place of Business Mailing Address 9427 LAKE LOTTA CIR. 9427 LAKE LOTTA CIR. GOTHA FL FL34734 34734 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH 9427 LAKE LOTTA CIRCLE Street Address (P.O. Box Number is Not Acceptable) GOTHA FL34734 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. 01/10/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE X Change ☐ Addition CR2E034 (11/00) SMITH, DIANA J. MAME NAME SMITH DIANA 9427 LAKE LOTTA CIR. STREET ADDRESS STREET ADDRESS 9427 LAKE LOTTA CIR. CITY-ST-ZIP GOTHA FL 34734 CITY-ST-ZIP GOTHA PD ☐ Delete TITLE PD X Change NAME SMITH, KENNETH W. NAME SMITH KENNETH STREET ADDRESS 9427 LAKE LOTTA CIR STREET ADDRESS 9427 LAKE LOTTA CIR CITY-ST-ZIP GOTHA FL 34734 CITY-ST-ZIP GOTHA FL34734 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

SIGNATURE: Kenneth W. Smith PD 01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #