2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # K16780** 1. Entity Name HECHT COMMUNICATIONS CORPORATION 01-18-2000 90112 047 ***150.00 Principal Place of Business Mailing Address P.O. BOX 56377 5055 SUNBEAM RD 601254 JACKSONVILLE FL 32257 JACKSONVILLE FL 32241-6377 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2872834 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent address change SHORSTEIN, MICHAEL A. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) only: Ashley 1660 PRUDENTIAL DRIVE SUITE 402 /Street/ JACKSONVILLE FL 32207 Jacksonville, Flicity Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition ☐ Delete TITLE TITLE HECHT, STUART I. NAME NAME STREET ADDRESS STREET ADDRESS P. O. BOX 56377 N/A CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32241 ☐ Change ☐ Addition ☐ Delete TITLE HECHT, STUART I. NAME NAME STREET ADDRESS P. O. BOX 56377 N/A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32241 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS