FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K58162

1. Corporation Name
MEDIA RESPONSE, INC.

Principal Place of Business
200 S. PARK ROAD, STE 425
HOLLYWOOD, FL 33021

Mailing Address
200 S. PARK ROAD, STE 425
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt #, etc.	Suite, Apt #, etc
2	27
City & State	City & State
3	28
Zip 4 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified

4. FEI Number 65-0097253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

J.B. GROSSMAN, ESQUIRE
CONCORD CENTRE 1
2875 NE 191 STREET
N. MIAMI BEACH, FL 33180

10. Name and Address of New Registered Agent

81 Name RICHARD J. ALAN CAHAN, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) c/o BECKER & POLIAKOFF, P.A.
83 5201 BLUE LAGOON DRIVE, STE 100
84 City MIAMI FL 85 Zip Code 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Richard J. Alan Cahan 2/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P / NAME / STREET ADDRESS / CITY-ST-ZIP	ELLIS KAHN 200 S. PARK ROAD, STE 425 HOLLYWOOD, FL 33021 ☐ DELETE	1.1 TITLE D / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ALLISON KAHN 200 S. PARK ROAD, SUITE 425 HOLLYWOOD, FL 33021 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE D / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ELLIS KAHN 200 S. PARK ROAD, SUITE 425 HOLLYWOOD, FL 33021 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002463084 -03/20/98--01020--018 ***600.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 3.17

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/9/98