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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K62782** (3)

1. Corporation Name
~~LITTMAN VENTURES CORP.~~ (2)
UNITED MEDIA GROUP, INC. N/C 4/17/97

[redacted]

Principal Place of Business	Mailing Address
~~1428 BRICKELL AVE~~ ~~8TH FLOOR~~ (2) ~~MIAMI FL 33131~~ 133A GAITHER DR. P.O. BOX 318 MT. LAUREL, NJ 08054	~~1428 BRICKELL AVE~~ ~~8TH FLOOR~~ (2) ~~MIAMI FL 33131-3411~~ 555 MT. VERNON DR. VENICE, FL. 34293

3. Date Incorporated or Qualified: 01/27/1989
3a. Date of Last Report: 11/15/1996

2. Principal Place of Business
21: 133A GAITHER DR.
22 Suite, Apt. #, etc: P.O. BOX 318
23 City & State: MT. LAUREL, N.J.
24 Zip: 08054 — 25 Country: U.S.A.

2a. Mailing Address
26: 555 MT. VERNON DR.
27 Suite, Apt. #, etc:
28 City & State: VENICE, FLORIDA
29 Zip: 34293 — 30 Country: U.S.A.

4. FEI Number: 65-0109633 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: LAURENCE T. ZITKEVITZ
82 Street Address (P.O. Box Number is Not Acceptable): 555 MT. VERNON DRIVE
83
84 City: VENICE FL 85 Zip Code: 34293

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: [signature] LAURENCE T. ZITKEVITZ 4-28-97
Signature of new registered agent 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	PD ☐ DELETE	1.1 TITLE	PRESIDENT/CEO ☑ Change ☐ Addition
NAME	LITTMAN, ERIC P	1.2 NAME	ZITKEVITZ, LAURENCE T.
STREET ADDRESS	1428 BRICKELL AVE. 8TH FLOOR	1.3 STREET ADDRESS	555 MT. VERNON DRIVE
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	VENICE, FLORIDA 34293
TITLE	☐ DELETE	2.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME		2.2 NAME	RUGGIERO, SAMSON
STREET ADDRESS		2.3 STREET ADDRESS	133A GAITHER DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MT. LAUREL, N.J. 08054
TITLE	☐ DELETE	3.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME		3.2 NAME	BERMAN, JOEL
STREET ADDRESS		3.3 STREET ADDRESS	133A GAITHER DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MT. LAUREL, NJ 08054
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002173583 -05/09/97--01103--049 ***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/6/97

CR2E034 (9/96)

14. I do 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: [signature] LAURENCE T. ZITKEVITZ 4/28/97 1-800-397-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #