2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State K74806 DOCUMENT # 1. Entity Name 05-24-2002 91264 048 ***150 00 ALERT GLOBAL MEDIA, INC. Principal Place of Business Mailing Address 1101 BRICKELL AVE 1101 BRICKELL AVE 601 S TOWER SUITE 601 SOUTH TOWER MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-0105637 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required - . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRIAGO, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE SUITE 601 SOUTH TOWER **MIAMI FL 33131** City 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 Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete □ Change Addition TITLE TITLE INTRIAGO, C A NAME NAME 1101 BRICKELL AVE, STE 601 S TOWER STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE D۷ Delete TITI F ☐ Change INTRIAGO, PATRICIA L NAME NAME STREET ADDRESS 116 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP RIVER EDGE NJ 07661 CITY-ST-ZIP Delete. ☐ Change ☐ Addition TITLE TITLE NAME INTRÍAGO, JOY MEASON NAME STREET ADDRESS 1829 ESPANOLA DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT GROOVE FL 33133 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition 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 □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted ampowered 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 appendiress, with all other like executed:

SIGNATURE: Mules fruit

3-47-02 305-530-0500

FILED