2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 01 APR 27 PM 3 L00000003352 1. Entity Name SECRETARY OF STA WINJO MEDIA CONSULTING. LLC TALLAHASSEE, FLOR Principal Place of Business Mailing Address 3101 NORTH FEDERAL HWY, STE 601 3101 NORTH FEDERAL HWY, STE 601 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMATURO, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 3101 N. FEDERAL HWY, STE 601 FT LAUDERDALE FL 33306 City Zip Codé 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. CR2E083 (11/00) ☐ Defete TITLE Managing Member TITLE 300004211 NAME NAME Joseph C. Amaturo -05/11/01--01073--022 STREET ADDRESS STREET ADDRESS B101 North Federal Hwy., Suite 601 *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale. F1. 33306 Detete TITLE ☐ Change TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP TITLE Change ☐ Addition TITI F Delete... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP* CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Joseph C. Amaturo, Managing Member 4/25/01 954-565-1411

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