FILED

02 (941)364-5897

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT #~L01000017667 1. Entity Name 04-08-2002 90207 025 ****50 00 MATCH POINT MEDIA, LLC Principal Place of Business Mailing Address 1655 HILLVIEW ST. 1655 HILLVIEW ST. SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1151946 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, ROBERT S -Street Address (P.O. Box Number is Not Acceptable) 1655 HILLVIEW ST. SARASOTA FL 34239 City Zip Code 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. PRESIDENT/MOR. DAVE KOZLOWSKI 2318 MCCLELLEN PKWY. TITLE TITLE CR2E083 (9/01) ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA, PL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition 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 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. 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 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.