FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90338 031 ***150.00

DOCUMENT # P00000039146

1. Entity Name: Jag Media Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1918 Harrison St	1918 Harrison St
Suite, Apt. #, etc. 111	Suite, Apt. #, etc. 111
City & State Hollywood FL	City & State Hollywood FL
Zip 33020 Country USA	Zip 33020 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002539 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Donna Golden

Street Address (P.O. Box Number is Not Acceptable): 10238 SW 56 Street

City: Cooper City FL FL Zip+Code: 33328

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: Donna Golden 4/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VP
NAME	Mary Duncan
STREET ADDRESS	1918 Harrison St
CITY-ST-ZIP	Hollywood FL 33020
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, for all other like empowered.

SIGNATURE: VP 4/30/02 954 709 8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #