2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P0000045322 1. Entity Name SUNCO MEDIA, INC. 03-16-2001 90021 023 ***150.00 Mailing Address Principal Place of Business 201 GREVE ROAD 201 GREVE ROAD PENSACOLA FL 32501 PENSACOLA FL 32501 ひひひんりひんび 2. Principal Place of Business 3. Mailing Address 91 A oo mills Are tion mills Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Persocola 7 4 Pensacola Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 325o1 32501 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARROLL, JOHN H Street Address (P.O. Box Number is Not Acceptable) 201 GREVE ROAD PENSACOLA FL 32501 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. John H. Carroll X Addition ☐ Change ☐ Delete TITLE TITLE 400 mills Ave NAME NAME STREET ADDRESS STREET ADDRESS Pensacola FL 32507 CITY-ST-ZIP CITY-ST-ZIP President ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 reactive or trustee empowered 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 attagramment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14-01 850-458-5758