2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 06, 2002 8:00 am Secretary of State DOCUMENT # P00000050333 1. Entity Name 05-06-2002 90186 045 ***150 00 DESKTOP MEDIA GROUP, INC. Principal Place of Business Mailing Address 12505 STARKEY RD., STE. A 12505 STARKEY RD., STE. A LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3658393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESQUIVEL, JULIO C Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 2800 **TAMPA FL 33602** 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. **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. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITI F ☐ Addition ☐ Change Lagamba, William L NAME NAME 12505 STARKEY ROAD STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Largo fl 33773 CITY-ST-7IP TITLE TCD ☐ Delete TITLE ☐ Addition NAME NAME PATRICK, RONALD J STREET ADDRESS STREET ADDRESS 12505 STARKEY ROAD STE A CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME TANEJA, JUGAL K STREET ADDRESS STREET ADDRESS 12505 STARKEY ROAD STE A CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** TITLE ☐ Delete TITLE ☐ Change -☐ Addition 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-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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED