

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000085173**1. Entity Name
DOLPHIN MEDIA CORP.

Principal Place of Business 1314 EAST LAS OLAS BLVD., #228 FORT LAUDERDALE FL 33301	Mailing Address 1314 EAST LAS OLAS BLVD., #228 FORT LAUDERDALE FL 33301
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2. Principal Place of Business	3. Mailing Address 1314 EAST LAS OLAS BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 228
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City & State	City & State FORT LAUDERDALE FL
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Zip	Country	Zip	Country
33301		33301	

4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.**
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US**7. Name and Address of New Registered Agent**Name
LEHMANN MARKUS M
Street Address (P.O. Box Number is Not Acceptable)
1314 E LAS OLAS BLVD.
SUITE 228
City
FORT LAUDERDALE FL Zip Code
33301

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 **MARKUS LEHMANN****04/23/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	PSTD	<input type="checkbox"/> Delete
NAME	LEHMANN MARKUS	
STREET ADDRESS	1314 EAST LAS OLAS BLVD., #228	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Markus Lehmann**PSDT****04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)