2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State
06-08-2001 90161 005 ***150.00

DOCUMENT # P00000089265

1. Entity Name
SCROLLVERTISING MEDIA, INC.

Principal Place of Business	Mailing Address
1 E. BROWARD BLVD. SUITE 925 FORT LAUDERDALE, FLA 33301	SAME AS PRINCIPAL PLACE OF BUSINESS

554264

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 E. BROWARD BLVD.	1 E. BROWARD BLVD
Suite, Apt. #, etc.: 925	Suite, Apt. #, etc.: 925
City & State: FORT LAUDERDALE, FLA	City & State: FORT LAUDERDALE, FLA
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 65-1108551 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONATHAN FRIEDMAN 1 E. BROWARD BLVD. SUITE 925 FORT LAUDERDALE, FLA 33301	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JONATHAN S. FRIEDMAN 1 E. BROWARD BLVD., SUITE 925 Ft. LAUDERDALE, FLA 33301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TIMOTHY MEYER 7887 NW 63RD WAY PARKLAND, FLA 33067	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: JONATHAN FRIEDMAN 6/4/01 (954) 713-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #