2003 FOR PROFIT CORPORATION

Feb 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P00000113418 DOCUMENT # 1. Entity Name 02-24-2003 90213 004 ***150.00 THINMEDIA, INC. Principal Place of Business Mailing Address 301 41ST STREET, 3RD FLOOR 301 41ST STREET, 3RD FLOOR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1086186 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAELEY, JON 1615 MERIDIAN AVENUE Street Address (P.O. Box Number is Not Acceptable) 204 MIAMI BEACH FL 33139 City Zip Code 8. The above named entity scorpus this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent I am familiar with, and accept he nous. SIGNATURE Signature, typed or printed FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE BRAELEY, JON S NAME ☐ Change ☐ Addition NAME 301 41ST STREET, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

ON S. BRAELEL

☐ Change

Addition

FILED