2001 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000115533 1. Entity Name NEW VISTA MEDIA, INC. 05-17-2001 90411 045 ***150.00 Principal Place of Business Mailing Address 4717 SW 12TH PLACE 4717 SW 12TH PLACE DEERFIELD BEACH FL 33442 ըսս<u></u>გგს<u>ე</u>ც. DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 366<u>0</u> 36**6**0 Aue , #1619 City & State City & State 4. FEI Number 65-106329 Applied For Hallywood Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33 DZ 1 IIS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAPIRO, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 3660 N 56 Ave #619 4717 SW 12TH PLACE **DEERFIELD BEACH FL 33442** Zip Code کی کی ک 8. The above named entity suppose the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Addition CR2E034 (10/00) ☐ Change NAME NAME SCHAPIRO, DOUGLAS STREET ADDRESS STREET ADDRESS 3660 N 56TH STE 619 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FARLEY, RACHEL STREET ADDRESS STREET ADDRESS 3660 N 56TH STE 619 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE X Delete TITLE ☐ Change ☐ Addition NAME SCHAPIRO, SCOTT STREET ADDRESS STREET ADDRESS 4717 SW 12TH PLACE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ 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-ZIF TITLE ☐ 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 ffue 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: