2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000038084 05-03-2004 90694 002 ***150.00 1. Entity Name XL1 MEDIA, INC. Principal Place of Business Mailing Address 4803 NORTHWEST 95TH AVENUE 4803 NORTHWEST 95TH AVENUE SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business Mailing Address 2388 Northwest 98TH LANE 2388 Northwest 98th Lane Suite, Apt. #, etc. Suite, Apt, #, etc. 04292004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-1098372 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph BuiTrago BUITRAGO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4803 NW 95TH AVE SUNRISE, FL 33351 NW 98th 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. I am familiar with, and accept the obligations of registered agent. 4/29/04 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** Change TITLE Delete TITLE ■ Addition Joseph Buitrago BUITRAGO, JOSEPH NAME NAME 2388 NW 48TH Lane 4803 NORTHWEST 95TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP Suncise, FL 33322 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP ☐ Delete ☐ Change Addition TIT) F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition De lete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaphment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP