2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 27, 2004 8:00 am Secretary of State DOCUMENT # P02000088584 08-27-2004 90005 030 ***158.75 THINKKING MEDIA, INC. Principal Place of Business Mailing Address 14 FARREY LANE 14 FARREY LANE **011401046** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 Mailing Address 3983 DI PO BOX Suite, Apt. #, etc. CR2E034 (10/03) 08102004 Chg-P 4. FEI Number Applied For 43-1971596 iam Not Applicable Country US/ \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, CHRISTOPHER I 14 FARREY LANE MIAMI BEACH, FL 33139 by 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 8. The above named the obligation SIGNATURE. (NO1E: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change TITLE DPST TITLE Addition CHRISTOPHER HUGHES HUGHES, CHRISTOPHER I NAME NAME STREET ADDRESS 14 FARREY LANE STREET ADDRESS NE 4 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-7IP PARTNER/D/M ☐ Addition TITLE TITLE LISA M. SILVERA SILVERA, LISA M NAME (change address NAME STREET ADDRESS STREET ADDRESS 14 FARREY LANE St MIAMI FL CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Add:tion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE De!ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental 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 trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report of supple of the corporation or changed, or on an at SIGNATURE

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