FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90068 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118706

1. Entity Name
MACKAY MEDIA, INC.

Principal Place of Business	Mailing Address
1115 MERIDIAN AVE STE 4 MIAMI BEACH, FL 33139	1115 MERIDIAN AVE STE 4 MIAMI BEACH, FL 33139

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1215 Lenox Ave.	1521 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. #125
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country	Zip: 33139 Country

4. FEI Number: 13-4233573 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAIRD, STEVEN K ESQ
6301 BISCAYNE BLVD STE 208
MIAMI, FL 33138

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MACKAY, DOUGLAS	NAME	
STREET ADDRESS	~~1115 MERIDIAN AVE STE 4~~	STREET ADDRESS	1215 Lenox Ave.
CITY-ST-ZIP	~~MIAMI BEACH, FL 33139~~	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ 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	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Mackay 4-27-03 305.538.9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #