FILED

2003 FOR PROFIT CORPORATION

Jan 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P92000007450 DOCUMENT # 1. Entity Name 01-29-2003 90164 011 ***150.00 EDGE BROADCASTING, INC. Principal Place of Business Mailing Address 433 SILVER BEACH AVE P.O. BOX 590 DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32118 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3183325 Not Applicable 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 Name HUGHES: REID B Street Address (P.O. Box Number is Not Acceptable) 433 SILVER BEACH AV 108 DAYTONA BEACH FL 32114 City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME NAME HUGHES, REID B HUGHES, REID B. STREET ADDRESS STREET ADDRESS 724-SOUTH BEACH STREET 140 S. BEACH ST. STE. 205 DAYTONA BCH, FL 32/14 Change CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32174 TITLE ☐ Delete TITLE 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-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 upport 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 of the corporation or the receiver of changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

386 252-5711