FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 25, 2000 8:00 am Secretary of State DOCUMENT # **P92000012800** CABLEJOB NETWORK, INC. 08-25-2000 90007 038 ***558.75 Mailing Address Principal Place of Business 2250 ATLANTA 2250 ATLANTA ~~~****** FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 US JUHN STALKERES 3. Mailing Address inal Place of Business Schucad (D Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number - 65-0374875 City & State 33.5 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required LOWKA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOMMEREN GOLDWIRE, MICHEAL M Street Address (P.O. Box Number is Not Acceptable) 2250 ARANTA FT_LAUD FL 33326 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITI F GOLDWIRE ELIZABETH M NAME NAME SORM ENER & CO. STREET ADDRESS STREET ADDRESS 2250 ATLANTA CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Detete TITLE GOLDWIRE, MICHAEL M NAME NAME STREET ADDRESS STREET ADDRESS 2250 ATLANTA CITY-ST-ZIP CITY-ST-ZiP FT LAUDERDALE FL 33326 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 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 11 or Block 12 if changed, or on an attachment with an address, with all offer like empowered. 00

SIGNATURE:

AND TYPED OR PRINTED NAME OF