FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P93000043042 DOCUMENT # 05-08-2002 90015 049 ***150.00 COS-STAR, BROADCASTING CORP. Principal Place of Business Mailing Address **462 MERRIMACK STREET** 601 FLKCAM CR MARCO ISLAND FL 33937 SUITE 200 METHUEN MA 01844 2. Principal Place of Business 3. Mailing Address Merrimited DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SULLE Applied For City & State 4. FEI Number 65-0423088 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRAMER, FREDERICK C. Street Address (P.O. Box Number is Not Acceptable) 950 N. COLLIER BLVD. SUITE 201 Zip Code MARCO ISLAND FL 33937 City 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. 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. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PTSCHOOL ☐ Delete TITLE TO SELECT COSTA, PATRICK J NAME NAME STREET ADDRESS 2677 OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RYE BCH NH ☐ Addition ☐ Change TITLE TITLE Delete NAME COSTA, SALLY A NAME STREET ADDRESS 2677 OCEAN BLVD STREET ADDRESS CITY-ST-ZIP RYE BCH NH CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

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 in 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 of the receiver or trusped implications as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete