2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 19, 2002 8:00 am Secretary of State P94000047273 DOCUMENT # 1. Entity Name 05-19-2002 90221 031 ***150.00 ALLSTAR CORPORATE MEDIA, INC. Principal Place of Business Mailing Address 131 TOMAHAWK DRIVE 131 TOMAHAWK DRIVE UNIT 1A LINIT 1A INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3259046 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLASS A. PERSON, CPA, PA RICHEY, JAMES H Street Address (P.O. Box Number is Not Acceptable) 1413 SO. PATRICK DRIVE, SUITE 7 1600 SARNO RD STE 4 **MELBOURNE FL 32935** Zip Cade 937 INDIAN HARBOUR BEACH 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 Douglass A. Person, SIGNATURE typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CR2E034 (9/01) Change D LONGMIRE, MATTHEW Q NAME NAME MICHAEL MALISKA STREET ADDRESS 4555 DEANNA CT STREET ADDRESS 1391 WEKIVA DRIVE **MERRITT ISLAND FL 32953** CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32940 TITLE ☐ Delete TITLE Change noitibhA NAME BEEMAN, JEFFREY A. NAME STREET ADDRESS STREET ADDRESS 131 TOMAHAWK DRIVE, #15C CITY-ST-ZIE CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 of 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 other like empowered. mpowered.

Daytime Phone #