FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am Secretary of State P95000008198 **DOCUMENT #** 1. Entity Name INNOVATIVE MEDIA GROUP, INC. 05-09-2002 90010 035 ***150.00 Principal Place of Business Mailing Address 23078 L' ERMITAGE 23078 L' ERMITAGE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 2300 N.W. CORPORATE Blue 2300N. W. CORPORATE Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MITE Soca RATON 4. FEI Number Applied For 65-0559444 Not Applicable Zip Country 33431 \$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 KRAVITZ Keith KRAVITZ, KEITH M Street Address (P.O. Box Number is Not Acceptable) 23078 L' ERMITAGE **BOCA RATON FL 33433** Zip Code **3343/** BOCA KATON 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 KEITH M. KRAVITZ uired when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition KRAVITZ, KEITH M NAME NAME 23078 L' ERMITAGE STREET ADDRESS 2300 N.W. CORPORATE Blvd. #141 STREET ADDRESS **BOCA RATON FL 33433** CUTY-ST-7IP CITY-ST-ZIP BOCA-RATON, FL 33431 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLÉ' 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 CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 other like empowered.

561,241,4641 Davtime Phone #

SIGNATURE: