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FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90122 031 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048991

1. Entity Name
LAUNCHMEDIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1850 SO. OCEAN BLVD	1850 SO. OCEAN BLVD
Suite, Apt. #, etc.: 604	Suite, Apt. #, etc.: 604
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33062 Country: US	Zip: 33062 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593358195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM H. LYMAN

Street Address (P.O. Box Number is Not Acceptable): 1850 SO. OCEAN BLVD 604

City: POMPANO BEACH FL Zip Code: 33062

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: William H. Lyman WILLIAM H. LYMAN 04/29/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: C, CEO, T NAME: KATHLEEN F LYMAN STREET ADDRESS: 1850 SO. OCEAN BLVD CITY-ST-ZIP: POMPANO BEACH, FL 33062	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: WILLIAM H. LYMAN STREET ADDRESS: 1850 SO. OCEAN BLVD CITY-ST-ZIP: POMPANO BEACH FL 33062	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: SIMON FERGUSON STREET ADDRESS: 1850 SO. OCEAN BLVD CITY-ST-ZIP: POMPANO BEACH, FL 33062	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen F. Lyman KATHLEEN F. LYMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04.28.02 Daytime Phone #: 954-943-3973