FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 11 1998 8:00am

Secretary of State

DOCUMENT # P95000049882 (0)

WIRED LOGIC MEDIA, INC. Principal Place of Business Mailing Address 2669 E COMMERCIAL P.O. BOX 14458 FT. LAUDERDALE FL 33302 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 06/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0594591 Not Applicable 21 Suite, Apl. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 MOTTA, ROBERT C MOTTA 37 PELICAN DR. 82 O. Box Number is Not Acceptable FT. LAUDERDALE FL 33301 DMMEHCIA 83 RΔ AUDERDACE 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05. Florida Statutes. SIGNATURE Signature, typed or printed name of regulared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE MOTTA, ROBERT C 1.2 NAME NAME 2669 E COMMERCIAL BLVD 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. Thereby 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 annual report or supplicmental adjust 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 companion or the received of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY- ST- 2IP