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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000087769			
1. Entity Name TIRN BROADCASTING, INC.			
Principal Place of Business 3765 N JOHN YOUNG PKWY ORLANDO, FL 32804		Mailing Address 1037 28TH STREET ORLANDO, FL 32805	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>3765 N. John Young Pkwy</i> <i>Suite 200</i> <i>Orlando FL</i> <i>32804</i> Country	
		 ☒ CHECK HERE IF MAKING CHANGES	
		4. FEI Number Applied For / Not Applicable 59-3342403--	
		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent MAHER, PATRICK 1037 28TH ST ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name <i>J. Gettys</i> Street Address (P.O. Box Number is Not Acceptable) <i>3765 N. John Young Pkwy</i> <i>Suite 200</i> City <i>Orlando</i> FL Zip Code <i>32804</i>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>P. Gettys</i> <i>J. Gettys</i> DATE <i>4/30/03</i> (Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when registering)			
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ☐	
10. OFFICERS AND DIRECTORS ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP D GETTYS, JOSEPH P.O. BOX 14161 ORLANDO, FL 328149161 ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP D MAHER, JOSEPH 3765 N JOHN YOUNG PKWY ORLANDO, FL 32804 ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 80001894833 05/14/03--01071--002 *** ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>P. Gettys</i>		SIGNATURE: <i>J. Gettys</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	