2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000017472 Apr 03, 2000 8:00 am Secretary of State MAVERICK MEDIA HOLDING CORP. 04-03-2000 90161 028 ***150.00 Mailing Address Principal Place of Business PO BOX 15266 6910 CONATY ROAD TAMPA FL 33684-5266 TAMPA FL 33634 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3389506 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bateman Gilbert, Jonathan S.: Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD **SUITE-3700** TAMPA FL 33602 ampo enging its registered office or registered agent, or both, in the State of Florida 8. The above named ea SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE TITLE Delete NAME BATEMAN, RICK J NAME STREET ADDRESS STREET ADDRESS 2410 SUNSET DRIVE CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33629** DST Change Addition ☐ Delete TITLE Hanter, Gilbert R. 13334 Horan Drive NAME NAME STREET ADDRESS STREET ADDRESS Tampa, FI. 33618 CITY-ST-ZIP CITY-ST-7P Addition -- □ Delete TITLE: Bushway, Duane NAME NAME 1375 Pine Street, SW STREET ADDRESS STREET ADDRESS Largo, F1. 33770 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE Sallup, Harold NAME NAME 1507 S. Desota Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, F1. 33606 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/10

(81) 8800317

Daytime Phone #