2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # **P96000088032** Secretary of State DIGITAL MEDIA NETWORK, INC. 01-19-2000 90226 019 ***150.00 Principal Place of Business Mailing Address 1900 W COMMERCIAL BLVD P.O BOX 5843 FORT LAUDERDALE FL 33310-5843 00004282 FORT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business ONE FINANCIAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ZZND FLOOR City & State 4. FEI Number Applied For City & State NOT APPLICABLE LAWDER DAGE Not Applicable FORT L FORT \$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 Name BERNTHALER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 5557 W. OAKLAND PARK BLVD SUITE 344 FT. LAUDERDALE FL 33313 CITY FORT LANDERDALE 8. The above named entity submits this statement for the purpose of changing its registered of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. COO BERNHARD SCHUTTE **PSTD** TITLE ☐ Delete TITLE BERNTHLER, THOMAS NAME ONE FINANCIAL PLAZA 7 ZNO FLOSE STREET ADDRESS STREET ADDRESS 5557 WEST OAKLAND PARK BLVD., SUITE 330 FORT LAWPERDALK FL-33394 CITY-ST-ZIP CTY-ST-ZIP LAUDERHILL FL 33319 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE Delete TITLE

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 chapted or on an attendment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

& THOMAS BERNTHALER

1/10/00

(954) 337-777

Daytime Phone #

CH2E034 (9/9)