2000 UNIFORM BUSINESS REPORT (UBR)

May 24, 2000 8:00 am Secretary of State **DOCUMENT #** p96000098329 1. Entity Name 05-24-2000 90070 023 ***150.00 FREEDOM MEDIA, INC. Principal Place of Business Mailing Address 1600 S. DIXIE HWY #5AB 1600 S. DIXIE HWY #5AB ROYAL PALM TOWERS ROYAL PALM TOWERS BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 751 PARK OF COMMERCE DR 751 PARK OF COMMERCE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 130 SUITE 130 City & State City & State 4. FEI Number Applied For BOCA RATON, BOCA RATON, 65-0711027 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33.487 33487 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRY M. MELTZER Street Address (P.O. Box Number is Not Acceptable) 751 PARK OF COMMERCE DR BARRY M. MELTZER #130 1600 S. DIXIE HWY., #5AB ROYAL PALM TOWERS Zip Code 33487 BOCA RATON, FL 33432 RATON 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. BARRY M. MELTZER SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE □ Delete TILE BARRY M. MELTZER NAME BARRY M. MELTZER STREET ADDRESS STREET ADDRESS 1600 S DIXIE HWY, 751 PARK OF COMMERCE DR 130 OTY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL BOCA RATON, FL 33487 TILE Delete TITLE Charge NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TIBE Change NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Ctarge NME STREET ADDRESS STREET ADDRESS OTY-ST-ZP CTTY-ST-ZIP Addition TITLE Change Dalete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TILE Addition 7 Delete Chance TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 chaffged, or on an attachment with an address, with all other like empowered. BARRY M. MELTZER 561-988-9005 SIGNATURE: VSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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