2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P9700032880/ 05-02-2001 90016 037 ***158.75 FLORIDA CROSSROADS MAGAZINE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 22877 POST OFFICE BOX 22877 FORT LAUDERDALE FL 33335 FORT LAUDERDALE FL 33335 2. Principal Place of Business 3. Mailing Address T" STREET Post OFFICE Box Suite, Apt. #, etc. 511 NE 58 DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0745495 FORT LAUDERDALE, FLORIDA FORT LAUDER DALE, FLOZIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONTONIKOLAS CONTONIKOLAS, STEPHEN 1001 NE 17TH CT FORT LAUDERDALE FL 33305 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. SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition CR2E034 (10/00) TITLE TITLE CONTON) KOLAS, STEPHEN CONTONIKOLAS, STEPHEN NAME NAME ISH NE 58TISTREET FORT LAUDER DALE, FL 33334 STREET ADDRESS STREET ADDRESS 1001 NE 17TH CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305 TITLE Delète ... TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition -TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNING OFFICER OF DIRECTOR