FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

PROFIT*

CORPORATION (FILED Sandra B. Mortham Secretary 21 State DIVISION OF CORPORATIONS 1998 98 NOV -9 PM 12: 17 DOCUMENT # P97000060538 (0) SECRETARY OF STATE ALLAHASSEE, FLORIDA VISIONS MEDIAFX CORP. Principal Place of Business Mailing Address 6751 CYPRESS RD., SUITE 103 6751 CYPRESS RD., SUITE 103 PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1680 Michigan Ave 65-07 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Beach 23 Mi ami Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible V6A 32 USA X Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BECKER, KARSTEN Karsten 6751 CYPRESS RD., SUITE 103 82 PLANTATION FL 33317 83 Michigan Ave. Suite 420 Zip Code 33139 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature req OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE 1.1 TITLE BECKER, KARSTEN NAME 1.2 NAME CR2E034 11/18/98--017 6751 CYPRESS RD., SUITE 103 STREET ADDRESS 1.3 STREET ADDRESS ****550.00 ****550.00 PLANTATION FL 33317 CITY-ST-ZIP 1.4 CMY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LEE, ROBERT 2.2 NAME NAME 6751 CYPRESS RD., SUITE 103 STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE __ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. 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. Further certificated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: