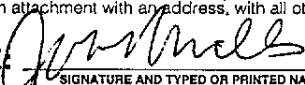


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000008680</b> 1. Entity Name HOLLYWOOD ON AIR, INC.							
Principal Place of Business 2212 EAST 4TH AVENUE TAMPA, FL 33605		Mailing Address 2212 EAST 4TH AVENUE TAMPA, FL 33605					
<b>DO NOT WRITE IN THIS SPACE</b>		<div style="text-align: center;"></div> <div>04202004    No Chg-P    CR2E034 (10/03)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 59-3487803</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>		4. FEI Number 59-3487803	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
4. FEI Number 59-3487803	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required							
6. Name and Address of Current Registered Agent  DRAKEFORD & DRAKEFORD, P.A. 2212 EAST 4TH AVENUE TAMPA, FL 33605		<b>DO NOT WRITE IN THIS SPACE</b>					
<small>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. I am familiar with, and accept the obligations of registered agent.</small>							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: center;">U00000154938 05/05/04-80016-015 150.00</div> <div style="text-align: center; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>					
<small>TITLE</small>	<small>NAME</small>						
<small>STREET ADDRESS</small>							
<small>CITY - ST - ZIP</small>							
<small>TITLE</small>							
<small>NAME</small>							
<small>STREET ADDRESS</small>							
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<small>CITY - ST - ZIP</small>							
<small>TITLE</small>							
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</small>							
SIGNATURE: 		4-25-04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>					
		<small>Daytime Phone #</small>					