2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000014574 Apr 07, 2000 8:00 am Secretary of State PROGRESSIVE MEDIA HOLDINGS, CORP. 04-07-2000 90113 001 *1,905.00 Mailing Address Principal Place of Business 200 E ROBINSON ST. STE 450 200 E ROBINSON ST. STE 450 ORLANDO FL 32801-1989 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 10125 W. Colonial DR. CHONIAL OR. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493208 Not Applicable \$8.75 Additional USA. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CAMILLO, JOSEPH 200 E ROBINSON ST SUITE 450 ORLANDO FL 32801 istered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Plo. ☐ Addition TITLE TITLE ☐ Delete PAMELA J. WILKINSON WILKINSON, PAMELA J NAME 6030 BREATWATER OR. WINDERMERE , FL. 34786 VID SHEILA LANGLEY D'DERICK XC STREET ADDRESS STREET ADDRESS 9152 BALMORAL MEW SQ. CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete TITLE NAME O'DERRICK, SHEILA LANGLEY NAME 1303 SweetwHER CLUB BLUD. STREET ADDRESS 1241 FOX DEN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32712 TITLE Change ☐ Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Hamela J. Wilkinson/Mesiden NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR