changed, or on an attachment with an address, with all other like empowered

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State DOCUMENT # P98000014574 1. Entity Name 05-03-2002 90104 001 *2,381.25 PROGRESSIVE MEDIA HOLDINGS, CORP. Mailing Address Principal Place of Business 10125 W COLONIAL DR 10125 W COLONIAL DR STF 212 STE 212 OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business Mailing Address 11800 28+# St. NO. 1800 28th St. NO. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493208 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Joseph CAMILLO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 10125 W COLONIAL DR **STE 212** Zip Cod 337/6 OCOEE FL 34761 he State of Florida The above named entity submits this statement for the purpose of changing ts registered office. ent and title if applicable required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS 11. (10/6) ☐ Addition Delete TITI F TITLE NAME WILKINSON, PAMELA J NAME STREET ADDRESS STREET ADDRESS 6030 GREATWATER DR CITY-ST-7IP CITY-ST-ZIP **WINDERMERE FL 34786** PROSIDENT/ DIRECTOR ☐ Addition Change ☐ Delete TITLE SHEILA LANGLEY O'DERRICK TITLE VD O'DERRICK, SHEILA LANGLEY 1303 Sweetwater CLUB BLUB. NAME STREET ADDRESS STREET ADDRESS 1303 SWEETWATER CLUB BLVD 32779 LONGWOOD CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32779 BECKETARY/OIRECTOR DO Michael O'DERRICK 1303 Sweet water CLUB BLUB. TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS LONGWOOD, FL. 32779 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete 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 1 907(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 a larger to 7, Florida Statutes; and that my name appears in Block 11 or Block 12 in the statute of the statute atutes; and that my name appears in Block 11 or Block 12 if