2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P98000036956** ZERO MEDIA CORPORATION 02-11-2000 90025 030 ***150.00 Principal Place of Business Mailing Address 1350 E4 MAHAN DR., SUITE 323 1350 E4 MAHAN DR., SUITE 323 TALLAHASSEE FL¹32308 TALLAHASSEE FL 32308 VAAMAAA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3507667 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent_ Name HINTON, JOYCE Street Address (P.O. Box Number is Not Acceptable) 2883 FAIR GREEN DR. **CLEARWATER FL 33761** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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, 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 OFFICERS AND DIRECTORS 12. 11. CE₀ TITLE 💢 Delete TITLE Phillip Hinton 2883 Fair Green NAME NAME HINTON, PHILLIP STREET ADDRESS STREET ADDRESS 1325 W THARPE ST. #334B CITY-ST-ZIP Clearwater CITY-ST-ZIP TALLAHASSEE FL 32303 President **Change** Delete TITLE TITLE Wordbec NAME WOROLACE, ADAM NAME STREET ADDRESS STREET ADDRESS 1325 W THARP ST #334D CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ---Delete TITLE -NAME HINTON, JOYCE NAME STREET ADDRESS 2883 FAIR GREEN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEAR WATER FL 33761 Change ☐ Delete TITLE Kimberly Sontheimer NAME NAME 3261 Masters DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater Fl. 33761 CITY-ST-ZIP C **** ☐ Delete TITLE Change TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR