2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 08:00 AM DOCUMENT # P9900001327 1. Entity Name **Secretary of State** GLOBAL TV DIRECT, INC. Principal Place of Business Mailing Address 776 S MILITARY TRAIL 776 S MILITARY TRAIL DEERFIELD BEACH FL DEERFIELD BEACH FL33442 33442 2. Principal Place of Business 3. Mailing Address 676 S MILITARY TRAIL 676 S MILITARY TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DEERFIELD BEACH FL DEERFIELD BEACH 65-0889048 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADEN LAURIE BRADEN 776 S MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 676 S MILITARY TRAIL DEERFIELD BEACH FL33442 City Zip Code DEERFIELD BEACH 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. 01/11/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME BRADEN LAURIE NAME BRADEN LAURIE STREET ADDRESS 776 S MILITARY TRAIL STREET ADDRESS 676 S MILITARY TRAIL DEERFIELD BEACH CITY-ST-ZIP FL 33442 CITY-ST-ZIP DEERFIELD BEACH ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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.

01/11/2001

Daytime Phone #

Date

SIGNATURE: __Laurie Braden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR