FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P99000010334 1. Entity Name HUNTERSCOTT DIGITAL MEDIA, INC. 03-29-2001 90416 043 ***150.00 Principal Place of Business Mailing Address 1437 NE 55TH ST. 1437 NE 55TH ST. FT.LAUDERDALE FL 33334 FT.LAUDERDALE FL 33334 00029708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0894269 Not Applicable Zip Country 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 PYE, THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PARK BLVD., STE. 301 FT.LAUDERDALE FL 33018 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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. 12. DPS ☐ Delete TITLE TITLE BERRY, MATTHEW H NAME NAME STREET ADDRESS STREET ADDRESS 1437 NE 55TH ST. CITY-ST-ZIP FT.LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE MINOWITZ, KENNETH S NAME NAME 1437 NE 55TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL 33334 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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 reference relever 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:

TLEED READ TYPE OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERRY, Pres. 3/26/01

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