2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P99000011657 DOCUMENT # 1. Entity Name TAN MEDIA, INC. 05-23-2002 90122 034 ***150.00 Principal Place of Business Mailing Address 3907 N FEDERAL HWY 3907 N FEDERAL HWY BUA#" POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 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 65-0897865 Not Applicable Zip _ Country____ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISSMAN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 1776 N PINE ISLAND ROAD STE 118 PLANTATION FL 33322 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition nowik, tony NAME NAME STREET ADDRESS 3907 N FEDERAL HWY STE 125 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 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 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

4/29/02 954-787-4120

FILED

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