04/27/2000 11:16 4073455258 COMREHENSIVE

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90432 015 ***150.00

DOCUMENT # P99000014283

1. Entity Name

COLOSSAL MEDIA INC

Principal Place of Business
739 N Summerlin Ave
Orlando FL 32803

Mailing Address

[redacted]

DO NOT WRITE-IN-THIS SPACE

2. Principal Place of Business: SAME

3. Mailing Address: Colossal Media Inc.
Suite, Apt. #, etc.: PO Box 2208
City & State: Orlando FL
Country: USA
Zip: 32803

4. FEI Number: 59-3600273

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

SIGN HERE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Colossal Media Inc.
Street Address (P.O. Box Number is Not Acceptable): 739 N Summerlin Ave
City: Orlando FL Zip Code: 32803

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: _____ DATE: 4/28/00
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 Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Add Director James B. Bogner II 739 N Summerlin Ave Orlando FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Add Michael S. Feinberg 1713 Park Ave North Winter Park FL 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Director Armand F Kulpa 926 Aragon Ave Winter Park FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

SIGN HERE

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 attached sheet with an address, with all other like empowered.

SIGNATURE: _____ 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date