2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 22, 2000 8:00 am Secretary of State DOCUMENT # P99000020734 1. Entity Name HOTSPOTS MULTIMEDIA, INC. 05-22-2000 90057 041 ***150.00 Mailing Address Principal Place of Business 505 SOUTH FLAGLER DRIVE 505 SOUTH FLAGLER DRIVE SUITE 1001 **SUITE 1001** WEST PALM BEACH FL 33401-5949 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business 505 S. Flagler Drive 505 S. Flagler Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 400 Suite 400 4. FEI Number Applied For City & State City & State 65-0899334 Not Applicable West Palm Beach <u>West Palm Beach.</u> \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required U.S.A 33401 33401 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steve Hughes SCHOLIN, CHRISTIAN N Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DRIVE c/o_Scholin_505_S._Flagler SUITE 1001 Suite 400 WEST PALM BEACH FL 33401 Zip Code West Palm Beach 3340.1 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. Steve Hughes SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable. Signature, typed. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ,D x√x Change Addition TITLE Delete HUGHES, STEVE NAME Hughes, Steve NAME 505 SOUTH FLAGLER DRIVE SUITE 1001 STREET ADDRESS STREET ADDRESS 505 South Flagler Drive, Suite 400 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 West Palm Beach, FL 33401 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE OF METERS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Steve Hughes

4/28/00

561/655-7711

Change

Addition