2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 09, 2001 8:00 am DOCUMENT # P99000031836 Secretary of State 1. Entity Name Q MEDIA GROUP, INC. 03-09-2001 90486 040 ***150.00 Principal Place of Business Mailing Address 1448 N.W. 157 AVE. 1448 N.W. 157 AVE. AULLI PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 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 65-0941868 Not Applicable Zip Country Country Zip \$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 FITZGERALD, SCOTT W 1830 S.W. 51 TERRACE PLANTATION FL 33317 submits this statement for the purpose of changing its registered office 8. The above names SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete stables, Nigel NAME STABLES, NISSEL NAME STREET ADDRESS STREET ADDRESS 1448 NW 157 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Delete TITLE ☐ Change ☐ Addition FITZGERALD, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 1448 NW 157 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TITLE Delete: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE *TYPU*6004 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment w