2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # *P9900003878*4 Secretary of State 05-16-2001 90251 044 ***150.00 MANCHESTER MEDIA, INC. Principal Place of Business Mailing Address 7901 LUDLAM ROAD 7901 LUDLAM ROAD C0067844 SVITE 204 SUITE 204 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address 32 S. HARBOR DRIVE 32 S. HARBOR DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For KEY LARGO, FL KEY LARGO EL 65-0917887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33032 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANCHESTER, JEFFREY MANCHESTER, JEFFREY C. Street Address (P.O. Box Number is Not Acceptable) 32 S. HARBOR I) PIVE 7901 LUDLAM ROAD SUITE 204 Zip Code 33037 MIAMI, FL 33143 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) FILE NOW!!! FEE IS \$150:00 *** 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DIRECTOR TITLE TITLE MANCHESTER TEFFAEY C. 7901 LUDLAM ROAD SVITE 204 MANCHESTER, JEFFREY C. NAME NAME 32 5. HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 EY LARGO FL 33037 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7/P 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 onth; that I am an officer or director of the corporation or the receiver or frustise empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver or frustise empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver or frustise empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver or frustise empoyered to execute this report as required by Chapter 607.

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

SIGNATURE:

Jeffry (Marchael 4/21/01 (38)367-0009)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ite Daytime Phone #