FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P99000059715 WIGGINS MEDIA ENTERPRISES, INC. 04-28-2001 90049 002 ***158.75 Principal Place of Business Mailing Address 334 E LAKE RD PMB #336 334 E LAKE RD PMB #336 PALM HARBOR FL 34685 PALM HARBOR FL 34685 3. Mailing Address 2. Principal Place of Business 13799 Park Blu 13799 Park Blub N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 254 City & State Applied For 4. FEI Number 59-3590506 FL Semuse Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired inally WA Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number Whot Acceptable) E Wi WIGGINS, ROBERT E 334 E LAKE RD PMB #336 PALM HARBOR FL 34685 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 Roberts E. Wiggini (NOTE: Medistered 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** CR2E034 (10/00) TITLE Change TITLE Delete WIGGINS, ROBERT E NAME NAME 13799 Pank Blus. N. #254 Seminale FL 33776 334 E LAKE RD PMB #336 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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.

GNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: