2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900066409 Jan 24, 2000 8:00 am Secretary of State MAXDOG MEDIA, INC. 01-24-2000 90041 016 ***150.00 Principal Place of Business Mailing Address 2439 NW 95TH AVENUE 2439 NW 95TH AVENUE CORAL SPRINGS FL 33065-4925 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business 801≤ 66 MW 83RD P.O. BOX Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4c FELNumber 0941952 City & State SPRINGS LOPLOA <u>DPAL</u> SPRIDGS Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 3307 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAUNSTEN PRANDY Street Address (P.O. Box Number is Not Acceptable) BRAUNSTEIN, RANDY H 2439 NW 95TH AVENUE **CORAL SPRINGS FL 33065** Zip Code 3307 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 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, 2000 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 12. 11. Change PSTD Addition **PSTD** ☐ Delete TITLE TITLE BRAUNSTE) - PANDY H. BRAUNSTEIN, RANDY H NAME NAME 166 HU 8300 WAY STREET ADDRESS STREET ADDRESS 2439 NW 95TH AVENUE CITY-ST-ZIP CITY-ST-7/P Corp. SPRINGS, FL 3307 CORAL SPRINGS FL 33065 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🛶 🖫 🗀 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-17-00

954-560-4629

Daytime Phone #