2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P99000066409 1. Entity Name MAXDOG MEDIA, INC. Principal Place of Business Mailing Address 166 NW B3RD WAY PO BOX 8015 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33075 2. Principal Place of Business 3. Mailing Address 9793 W. SAMPLE POAC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0941952 SPRING aren. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAUNSTEIN, RANDY H (P.O. Box Number is Not Acceptable) SAME Point 166 NW 83RD WAY **CORAL SPRINGS FL 33071** 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, 2002 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 **PSTD** PSTO ☐ Delete TITLE Addition NAME BRAUNSTEIN, RANDY H NAME BRAUNSTEIN, RANDY H. 166 NW 83RD WAY STREET ADDRESS STREET ADDRESS 9793 W. SAMPLE POAD **CORAL SPRINGS FL 33071** CITY-ST-7IP CITY-ST-ZIP CORPLESPANGS FL 33065 ☐ Delete VICE PROJUCT ☐ Change TITLE Addition NAME NAME BRAUPSTEIN, JASON S. STREET ADDRESS STREET ADDRESS 9793 W. SAMPLE ROAD CITY-ST-ZIP CITY-ST-7IP Congr SPMNGS FT 33065 ☐ Delete TITLE Change ☐ 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 CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachment with an address

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