FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000084482 IMPACT MEDIA SERVICES INC. 04-30-2001 90054 026 ***150.00 Principal Place of Business Mailing Address 289 PATHWAY CT. 289 PATHWAY CT. π SANFORD FL 32773 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address 146 Carmel Bay Dr 146 Carmel DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3601023 sanford ont or Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hnthonu warren, WARREN, ANTHONY W Street Address (P.O. Box Number is Not Acceptable) 289 PATHWAY CT. armel Bay SANFORD FL 32773 Zip Code City 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) S:≈This corporation is eligible to satisfy its:Intangible. FILE:NOW!!LFEE.IS:\$150.00= 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. 12. CR2E034 (10/00) ☐ Change TITLE ☐ Delete warren, Anthony W NAME WARREN, ANTHONY W NAME 146 Carmel Boy Dr STREET ADDRESS STREET ADDRESS 289 PATHWAY CT. Sanford FL, 32771 CITY-ST-ZIP CITY-ST-7IP SANFORD FL 32773 ☐ Delete TITLE ■ Addition NAME WARREN, DEANNE J NAME warren, Deanne J STREET ADDRESS 146 Carmel Bay Dr. STREET ADDRESS 289 PATHWAY CT. CITY-ST-ZIP CITY-ST-7IP Sanford fly 32771 SANFORD FL 32773 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.