2000 UNIFORM BUSINESS REPORT (UBR)

Jun 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000086849** QUANTEX MEDIA SALES, INC. 05-30-2000 90043 040 ***150.00 Mailing Address Principal Place of Business 3800 SOUTHWEST 50TH AVE., STE. E 3600 SOUTHWEST 50TH AVE., STE. E. DAVIE FL 33314-2124 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0958026 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEYER, LUTZ H Street Address (P.O. Box Number is Not Acceptable) 3600 SOUTHWEST 50TH AVE., STE. E DAVIE FL 33314 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 algueture 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. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITI E Delete TITLE NAME NAME MEYER, LUTZ H STREET ADDRESS STREET ADDRESS 5521 REYNOLDS RD. CITY ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VERITE, JORDI FERRANDO NAME NAME STREET ADDRESS STREET ADDRESS 115 E. DI LIDO DR. CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP= CITY-ST-ZIP. Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete 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 proof 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 tracked and secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or thanged, or on an attachment with SIGNATURE:

5/3

FILED