## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000089314 1. Entity Name HAWK MEDIA, INC. 05-14-2002 90279 024 \*\*\*150.00 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. **SUITE 1500 SUITE 1500** FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0988537 Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI FL 33131 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE HUIZENGA JR, H W ☐ Addition NAME NAME 450 E LAS OLAS BLVD 15 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Branden, Cris V ☐ Addition NAME 450 E LAS OLAS BLVD 15 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME \*Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED