## Amended

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	P990000	39314		02 JUN 24 AM 10: 56 SECRETARY OF STATE TALLAHASSEE FLORIDA
Hawk Media, Inc.				HOHIDA HOHIDA
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 3. Mailing Address 1			· ·	
Suite D Suite D		ner Loop North	DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0988537 Applied For	
Mobile, Alabama 36609		IVIODIIE, Alaban	18 30003	4. FEI Number 65–0988537 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	ļ ·			7. Name and Address of Current Registered Agent
	DO NOT WI		Street Addres	American Information Services, Inc. One SE 3 <sup>rd</sup> Street 28 <sup>th</sup> Floor Miami, FL 33131
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 an	d litte il applicable. (NOTE	Registered Agent signature require	od when reinstaking) DATE
. Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May Amended Make Check Payabl	ay 1 Fee is \$150.00 I, Fee is \$850.00 UBR is \$61.25 Is to Department of Sta	10. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution
11.	OFFICERS AND C	IRECTORS		oomoonaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
NAME STREET ADDRESS CITY- ST-ZIP	W. Dare Hawkins, P/CEO 4318 Downtowner Loop North, Suite D Mobile, Alabama 36609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000060747034 -06/28/0201006005 *****61.25 *****61.25
NAME STREET ADDRESS CITY-ST-ZIP	Cris V. Branden, V/T 450 East Las Olas Boulevard, 15 <sup>th</sup> Floor Ft. Lauderdale, Florida 33301		TITLE NAME STREET ADDRESS CITY-ST-ZP	
NAME STREET ADDRESS	Richard L. Handley, S 450 East Las Olas Boulevard, 15th Floor		TILE NAME STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Ft. Lauderdale, Florida 3	3301	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CXY-SL-BP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	HILE NAME STREET ADDRESS CATY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		^	TITLE NAME STREET ADDRESS CITY-ST-8P	
13. I hereby c indicated of the corp	on this report of supplemental report is t	rue and accurate and that m wered to execute/this report	the exemption stated in S y signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or on an