2001 UNITERM DUSTNESS REPORT (UBR)

DOCUMENT # S41341 1. Entity Name 01 MAY 24 AM 11: 11 16 YMS MEDIA SERVICES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 9780 VANDERBELT DRIVE NAPLES, FL 34108 SAME 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 65-0248372 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT F. YOUNG 9780 VANDERBELT DRIVE Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34108 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. 5//6/2001 SIGNATURE YOUNG Bent 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 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. (See criteria on back) Added to Fees " Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE). (8) - Action of lange ☐ Delete TITLE President & Director NAME NAME ROBERT F. YOUNG STREET ADDRESS STREET ADDRESS 9780 VANDERBILT DR. CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 104342331--06/05701--0787-025 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ***1500.00 ***1500.00 TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

YOUNG SIGNATURE: 5//6/2001 941-592-0940 PRESIDENT

changed, or on an attachment with an address, with all other like empowered.