

2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F12000001079

Entity Name: SAIBOT MEDIA INC.**Current Principal Place of Business:**5455 N FEDERAL HWY
SUITE O
BOCA RATON, FL 33487**Current Mailing Address:**5455 N FEDERAL HWY STE O
BOCA RATON, FL 33487 US**FEI Number:** 51-0394102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 US*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:** XAVIAN BROWN

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FURMAN, ADAM
Address 5455 N FEDERAL HWY STE O
City-State-Zip: BOCA RATON FL 33487

Title CO-CEO
Name BEER, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CO-CEO
Name BEER, MATTHEW
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CFO
Name MICHAIL, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CHAIRMAN
Name WILSON, RUSS
Address 2811 PONCE DE LEON BLVD, STE 400
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP
Name WESTER, FOREST
Address 2811 PONCE DE LEON BLVD, STE 400
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP
Name HAPAK, FRANK
Address 2811 PONCE DE LEON BLVD, STE 400
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP, SECRETARY
Name GERSHMAN, DAVID
Address 2811 PONCE DE LEON BLVD, STE 400
City-State-Zip: CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELSA CALDERON

ASST SECRETARY

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------------------|
| Title | ASST. SECRETARY |
| Name | CALDERON, MICHELSA |
| Address | 2811 PONCE DE LEON BLVD, SUITE 400 |
| City-State-Zip: | CORAL GABLES FL 33134 |