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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90149 006 ***150.00

DOCUMENT # P00000027672

1. Entity Name

SUPERSTATION MEDIA, INC.

DO NOT WRITE IN THIS SPACE

34023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3550 BISCAYNE BLVD		3550 BISCAYNE BLVD	
Suite, Apt. #, etc. #601		Suite, Apt. #, etc. #601	
City & State MIAMI FL, 33137		City & State MIAMI FL,	
Zip 33137	Country USA	Zip 33137	Country USA

4. FEI Number 65-0990967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JOAQUIM CAVAIGNAC

Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL KEY BLVD. # 809

City MIAMI FL Zip Code 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] 05/28/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	JOAQUIM CAVAIGNAC	NAME	
STREET ADDRESS	9140 HARDING AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL, 33154	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	YARA ABUJAMRA	NAME	
STREET ADDRESS	9140 HARDING AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL, 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] Joaquim Cavaignac 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #