2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90083 037 ***150.00

DOCUMENT # P00000027672

1. Entity Name
SUPERSTATION MEDIA, INC.

Principal Place of Business	Mailing Address
4300 BISCAYNE BLVD. #201-202 MIAMI, FL 33137	4300 BISCAYNE BLVD. #201-202 MIAMI, FL 33137

04042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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
CAVAIGNAC, JOAQUIM ~~701 BRICKELL KEY BLVD #1012~~ ~~MIAMI, FL 33131~~	Name Street Address (P.O. Box Number is Not Acceptable) 601 N.E. 36 Street #2901 City Miami FL Zip Code 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAVAIGNAC, JOAQUIM		NAME		
STREET ADDRESS	~~701 BRICKELL KEY BLVD #1012~~		STREET ADDRESS	601 N.E. 36th Street #2901	
CITY-ST-ZIP	~~MIAMI, FL 33131~~		CITY-ST-ZIP	Miami FL 33137	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAVAIGNAC, YARA		NAME		
STREET ADDRESS	~~701 BRICKELL KEY BLVD #1012~~		STREET ADDRESS	601 N.E. 36th Street #2901	
CITY-ST-ZIP	~~MIAMI, FL 33131~~		CITY-ST-ZIP	Miami FL 33137	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joaquin Cavaignac 04/04/08 305 576.6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #