2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100081540 1. Entity Name DBCAST CORP.					Feb 01, 2002 8:00 am § Secretary of State 02-01-2002 90062 045 ***150.00				5/59 AV
Principal Plac 472 S.W. 87 P MIAMI FL 3317	PLACE	Mailing Address 472 S.W. 87 PLACE MIAMI FL 33174							
2. Principal P	lace of Business 79 AVE.	3. Mailing Address	. 79 Au	E		DO NOT WRITE IN TH			
City & State	3126 Country SA	City & State Funding F	LOM DA		5., Certificate of St		\$8.75 Add Fee Require]
DITADI, LU 472 S.W. MIAMI FL	87 PLACE	registerea Agent	Name Street Ad	W	Name and Add AMER M Box Number is 1	ress of New Register EMi Z.A-L.) Spraccaptatory			-
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 entities 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) FILE NOW!!! After May 1, 2002 Make Check Payable			FEE IS \$150.00 2 Fee will be \$55 e to Department	0.00 of State	10. Election Trust Fu	Campaign Financing and Contribution.	Addec	0 May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DITADI, LUCIANO 472 S.W. 87 PLACE MIAMI FL 33174	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD	DI LUCIA	NGES TO OFFICERS A AUE 33121	AND DIRECTOR: (X) Change	S IN 11	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MERIZALDE, WALTER 472 S.W. 87 PLACE MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD	IZALDE,	WALTER 79 AVE 1. 33121	Change	☐ Addition	CRZ
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: D 15 2002									
	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER OF	R DIRECTOR			Date .	Daytime Phone #		