

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90338 019 \*\*\*150.00

DOCUMENT # **P02000019518**

1. Entity Name  
**PRECISION MEDIAWORKS INCORPORATED**



Principal Place of Business  
**1393 SW 1ST STREET  
405  
MIAMI FL 33135**

Mailing Address  
**1393 SW 1ST STREET  
405  
MIAMI FL 33135**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **02-0592231**  
Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**ESTRADA, DAVID  
12321 SW 97TH STREET  
MIAMI FL 33186**

**7. Name and Address of New Registered Agent**

Name **Clinton Cox**  
Street Address (P.O. Box Number is Not Acceptable)  
**393 S.W. 1st Street, Ste 405**  
City **Miami** FL Zip Code **33135**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COX, CLINTON J</b>	
STREET ADDRESS	<b>1393 SW 1ST STREET, SUITE 405</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BONENBERGER, JAMES</b>	
STREET ADDRESS	<b>1393 SW 1ST STREET, SUITE 405</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ESTRADA, DAVID</b>	
STREET ADDRESS	<b>1393 SW 1ST STREET, SUITE 405</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)