FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092882

1. Entity Name
DISART MEDIA, INC.

90131413

Principal Place of Business	Mailing Address
100 LINCOLN ROAD 1415 MIAMI BEACH, FL 33139	100 LINCOLN ROAD 1415 MIAMI BEACH, FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
335 NE 53 ST Apt. 4	335 NE 53 ST
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State Miami, FL	City & State Miami FL
Zip 33137 Country US	Zip 33137 Country US

4. FEI Number 02-0648903 — 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
LINZEN, JAIME ISAAC 100 LINCOLN ROAD 1415 MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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: P NAME: LINZEN, JAIME I STREET ADDRESS: 100 LINCOLN ROAD SUITE 1415 CITY-ST-ZIP: MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP NAME: PSEVOZNIK, ALVARO J STREET ADDRESS: 100 LINCOLN ROAD SUITE 1415 CITY-ST-ZIP: MIAMI BEACH, FL 33139	☐ Delete	TITLE: VP NAME: PSEVOZNIK ALVARO STREET ADDRESS: 335 NE 53 ST Apt 4 CITY-ST-ZIP: Miami FL 33137	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] Alvaro Psevoznik 4/29/03 (786)277-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

335 NE 53 ST Apt. 4
Miami FL 33137