

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000133928*

1. Entity Name

Media Promotions, Inc.



FILED

03 JUN 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9826 Bernwood Pl.

3. Mailing Address

21750 River Ranch Rd.

Suite, Apt. #, etc.

#304.

Suite, Apt. #, etc.

City & State

FT. MYERS FL.

City & State

ESTERO FLA.

Zip

33916

Country

US.

Zip

33928

Country

USA.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MIGUEL M. RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)

9826 BERNWOOD PL. #304

City

FT. MYERS

FL

Zip Code

33916

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 _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME *RAMIREZ M. Miguel*
STREET ADDRESS *Owner / 9826 Bernwood Pl.*
CITY-ST-ZIP *#304 FT. MYERS FL 33916*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP *400020883224*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP *06/16/03--01027--003 **150.00*

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL M. RAMIREZ

Date

239-390-2779

Daytime Phone #

CR2E034B (12/02)