

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 016 \*\*\*150.00

**DOCUMENT # 531372**

**1. Entity Name**  
**MEDIA DEPARTMENT II, INC.**



**Principal Place of Business**

**1110 BRICKELL AVENUE  
SUITE 403  
MIAMI, FL 33131 US**

**Mailing Address**

**1110 BRICKELL AVENUE  
SUITE 403  
MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-1738380**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**NUCCIO, ROSEMARIE  
7965 S.W. 98 TER  
MIAMI, FL 33131**

*56*

**DO NOT WRITE  
IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** NUCCIO, ROSEMARIE  
**STREET ADDRESS** 7965 SW 98TH TERRACE  
**CITY-ST-ZIP** MIAMI, FL 33156

**TITLE** VS  
**NAME** GARLAND-RUIZ, STEPHANIE  
**STREET ADDRESS** 21403 NE 18TH PLACE  
**CITY-ST-ZIP** NORTH MIAMI BEACH, FL 33179

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

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Rosemarie Nuccio*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*ROSEMARIE NUCCIO*

*3/6/06*  
**Date**

*305-358-5178*  
**Daytime Phone #**