

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90059 030 \*\*\*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



2. Principal Place of Business - No P.O. Box #

12000 BISCAYNE BLVD

3. Mailing Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

1st MOORE

CR2E034 (10/06)

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 33136

7. Name and Address of New Registered Agent

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

*Rosemarie Nuccio*

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

DATE

1/31/07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NUCCIO, ROSEMARIE	
STREET ADDRESS	7965 SW 98TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GARLAND-RUIZ, STEPHANIE	
STREET ADDRESS	21403 NE 18TH PLACE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
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 exemptions contained in Section 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

1/31/07

Date

305-  
392-5272

Daytime Phone #