

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 012 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80117039

DOCUMENT # P02000033782					
1. Entity Name SEE MEDIA, INC.					
Principal Place of Business 1555 PENNSYLVANIA AVE. #205 MIAMI BEACH, FL 33139			Mailing Address 1555 PENNSYLVANIA AVE. #205 MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FRI Number 02-0572638			Applied For Not Applicable		
5. Certificate of Status Desired ☐			58.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAYLOR, MICHAEL 17334 NW 82ND COURT HIALEAH, FL 33015			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 Not Applicable)					
9. Foreign Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	STANBURY-BAUGH, SOPHIE	☐ Delete	TITLE	ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME		1555 PENNSYLVANIA AVE. #205		NAME	☐ Change ☐ Addition
STREET ADDRESS		MIAMI BEACH, FL 33139		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(f), 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: <u>Sophie Stanbury-Baugh</u> 4/30/03 954-6670026					
SIGNATURE AND PRINTED OR TYPED NAME OF REGISTERED OFFICER OR DIRECTOR					

CHECK (100%)