

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000069604

**Entity Name:** OLE MEDIA SERVICES, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BLVD  
SUITE 250  
CORAL GABLES, FL 33143**Current Mailing Address:**2525 PONCE DE LEON BLVD  
SUITE 250  
CORAL GABLES, FL 33143 US**FEI Number:** 65-0642734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION  
1200 S PINE ISLAND RD. SUITE 250  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	CUSCO, CARLOS ENRIQUE
Address	2525 PONCE DE LEON BLVD SUITE 250
City-State-Zip:	CORAL GABLES FL 33143

Title	SECRETARY
Name	CRUZ-BUSTILLO, MIRIAM
Address	2525 PONCE DE LEON BLVD SUITE 250
City-State-Zip:	CORAL GABLES FL 33143

Title	TREASURER/CFO
Name	CUSCO, EDUARDO
Address	2525 PONCE DE LEON BLVD SUITE 250
City-State-Zip:	CORAL GABLES FL 33143

Title	PRESIDENT/CEO
Name	CUSCO, CARLOS ENRIQUE
Address	2525 PONCE DE LEON BLVD SUITE 250
City-State-Zip:	CORAL GABLES FL 33143

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIRIAM CRUZ-BUSTILLO**SECRETARY****05/01/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date