

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90051 030 \*\*\*150.00

UZ406/3 AV

**DOCUMENT # F00000001264**

1. Entity Name  
**ZOOM MEDIA GROUP, INC.**



Principal Place of Business  
**309 23RD STREET  
MIAMI FL 33139**

Mailing Address  
**309 23RD STREET  
MIAMI FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 212**

Suite, Apt. #, etc.

**Suite 212**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

Country

Zip

Country

4. FEI Number **06-1573303**

Applied For

Not Applicable.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C-T-CORPORATION-SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LEE, ISAAC	309 23RD STREET	MIAMI FL 33139	<input type="checkbox"/>
TS	OTOYA, ALVARO J	309 23RD STREET	MIAMI FL 33139	<input type="checkbox"/>
CEOD	GARANA, MARIA	309 23RD STREET	MIAMI FL 33139	<input checked="" type="checkbox"/>
D	GUTIERREZ, RICARDO	309 23RD STREET	MIAMI FL 33139	<input checked="" type="checkbox"/>
AS	BYRNE, P. MONIQUE	101 FEDERAL STREET	BOSTON MA 02110	<input checked="" type="checkbox"/>
D	DE SAINT-MALO, ROBERTO	309 23RD STREET	MIAMI FL 33139	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Perlach, Alberto	309 23rd St.	Miami FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Publisher	Berliavsky Gregorio	309 23rd St.	Miami FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Gonzalez, Jose	309 23rd St.	Miami FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL RAIVAROSE OTOYA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10 / 03 305575 3120

Date

Daytime Phone #