

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90382 036 \*\*\*150.00

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DOCUMENT # **F61849**

1. Entity Name

~~PUMA INTERNATIONAL, INC.~~

*Puma media International, Inc*

*NY*  
*1/29/03*



Principal Place of Business 999 BRICKELL BAY DRIVE TOWER ONE, SUITE 602 MIAMI FL 33131	Mailing Address 999 BRICKELL BAY DRIVE TOWER ONE, SUITE 602 MIAMI FL 33131
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1100001J



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2271307**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, LUCY**  
**999 BRICKELL BAY DRIVE**  
**SUITE 602**  
**MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, JOSE LUIS</b>	
STREET ADDRESS	<b>999 BRICKELL BAY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MASELLI, HECTOR</b>	
STREET ADDRESS	<b>999 BRICKELL BAY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, WILLIAM C III</b>	
STREET ADDRESS	<b>2655 LE JEUNE ROAD, PH 2</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1201011-2003-02