

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005765

1. Entity Name

GLOBAL TRANSMEDIA COMMUNICATIONS CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90100 005 ***150.00

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD
406
AVENURA FL 33180

20801 BISCAYNE BLVD
406
AVENURA FL 33131-2407

2. Principal Place of Business

444 BRICKELL AVENUE

3. Mailing Address

444 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 522

Suite, Apt. #, etc.

SUITE 522

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. FEI Number

65-0699702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRACUSA, JOHN G ESQ -
20801 BISCAYNE BLVD
STE 406
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name VIVIAN MANEVICH

Street Address (P.O. Box Number is Not Acceptable)

444 BRICKELL AVENUE, SUITE 820

City MIAMI

FL

Zip Code

33131

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.

SIGNATURE

Vivian Manevich

VIVIAN MANEVICH / PRESIDENT

3/30/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME MANEVICH, VIVIAN
STREET ADDRESS 4330 NW 207TH DR.
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE DC
NAME MANEVICH, VIVIAN
STREET ADDRESS 4330 NW 207TH DR.
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE VP
NAME SIRACUSA, JOHN G
STREET ADDRESS 4330 NW 207 DR
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivian Manevich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

(305) 579-9922

Daytime Phone #

CR2E034 (9/99)