

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-01-2002 91564 008 ***150.00

DOCUMENT # F99000006764

1. Entity Name

MSIDE, INC.

DO NOT WRITE IN THIS SPACE

27417

2. Principal Place of Business
C/O National Registered Agents, Inc. of NV
3. Mailing Address
Duccio Mortillaro, Esq.
2029 Century Park East

Suite, Apt. #, etc.
202 S. Minnesota Street

Suite, Apt. #, etc.
19th Floor

DO NOT WRITE IN THIS SPACE

City & State
Carson City, NV 89703

City & State
Los Angeles, CA

4. FEI Number
65-0721129

Applied For
Not Applicable

Zip
89703

Country
U.S.A.

Zip
90067-3005

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Road

City
Plantation FL Zip Code
33324

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

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

(NOTE: Registered Agent signature required when registering)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PDST
Papis, Massimiliano
2029 Century Park East, 19th Fl.
Los Angeles, CA 90067-3005

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASSIMILIANO PAPIS

Date

04/08/2002 305.372.550

Daytime Phone #

CR2E034B (12/01)