2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G99104** Jan 19, 2000 8:00 am Secretary of State UNION RADIO, INC. 01-19-2000 90124 035 ***150.00 Mailing Address Principal Place of Business 350 NE 71 ST 350 N.E. 71ST ST. MIAMI FL 33138-5530 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2400563 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, MICHAEL STEVEN ESQ Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD **STE 3400 MIAMI FL 33131** Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE VEGA, PABLO NAME NAME 350 N.E. 711St. STREET ADDRESS x17398 k SWk 877714 STx STREET ADDRESS CITY-ST-ZIP nndamarnft 33029x CITY-ST-ZIP Miami, Fl. 33138 X Change ☐ Addition ☐ Delete TITLE vega, sebastian NAME 350 N.E. 71 St. STREET ADDRESS STREET ADDRESS x890xW: x85TH x5TAFETX CITY-ST-ZIP Miami, Fl. 33138 xxxxxxxxxx CITY-ST-ZIP X Change ☐ Addition ☐ Delete TITLE TITLE VEGA, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS X180085X5XXX 29XSX X 350 N.E. 71 St. CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33138 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 teport 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 flustely 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 00

<u> 305-759-7280</u>

Daytime Phone #