2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # J62066 1. Entity Name LMG GROUP, INC.							FILED 03 APR 18 AMII: 16				Ą
Principal Plac 7925 N.W. 121 SUITE 121 MIAMI FL 331			Mailing Address 2450 S.W. 137TH AVE, SUITE 221 MIAMI FL 33175				FALLAHASSEE. FLORIDA				
2. Principal F	Place of Busines	s	3. Mailing Address				L HORALIO BILD BILLO FIBLI DELID BALLO DA	II BIBN BIBN	ELEN BIBN B	1011 BIOH IOO	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				59-2787994			oplied For ot Applicable]
Zip	Country		Zip	Count				3.75 Additional e Required			
	nd Address of Current P	legistered Agent				7. Name and Address of New Regis	stered Age	ent .]	
A A B BEOLATERE ACENT INC					Name						1
A & P REGISTERED AGENT, INC.					Street A	Street Address (P.O. Box Number is Not Acceptable)					1
2450 S.W. 137TH AVE., STE 221									•		4
miami FL	33175										
					City			FL	Zip Cod	е	1
8. The above	named entity s	ubmits this statement for	the purpose of changing its	s register	ed office or	r registere	ed agent, or both, in the State of Florida		iliar with.	and accept	┨
	tions of registere		and purpose or chariging in	3 10 gioto.		109.0.0	agoni, or both, in the etails or herror			a	1
SIGNATURE .		printed name of registered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signat	ure required y	when reinstating)	DATE			
	U.E. MOWER	FFE 10 6450 00									-
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of	State				 Election Campaign Financ Trust Fund Contribution. 	ing		May Be to Fees	
10.		OFFICERS AND D		11.			ADDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR:	S IN 11	-
TITLE	PD=	OT TOLLIO 7 II O	Delete	TITL	 ₹	PD.		n	Change	☐ Addition	†ନ୍ଦ
NAME C STREET ADDRESS CITY-ST-ZIP	MCDOGALL	2TH STREET., STE 12		NAM STRE		-	Dougall, Hector MC				CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD . GOMEZ, YEN	NY 2TH STREET., STE 12	☐ Delete			ASI	nez, Yeny A.	D	S Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PALENZUEL	a, edward 2th street., ste 12	□ Delete				90001708 04/25/03010260	_	Change : 9 : 150. 0	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s Guzman, Al	.exis 2th street, ste. 12	□ Delete	1] Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete] Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the in on this report o poration or the i or on an attach	formation supplied with to r supplemental report is to receiver or trustee embore ment with an address, w	his filing does not qualify for rue and accurate and that vered to execute this report th all other like empowered	or the exe my signat as requir	mption stat ture shall h red by Cha	ted in Sec ave the sa pter 607,	stion 119.07(3)(i), Florida Statutes. I furt ame legal effect as if made under oath; Florida Statutes; and that my name ap	her certify that I am pears in B	that the ir an officer ock 10 or	nformation or director Block 11 if	