

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90950 030 ***150.00

DOCUMENT # K12780

1. Entity Name
SONY BROADCAST EXPORT CORPORATION



Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126
US

Mailing Address
5201 BLUE LAGOON DR.
STE. 400
MIAMI FL 33126
US

11020389



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2867168**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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 _____ Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **KOZO, KAMINAGA**
STREET ADDRESS **5201 BLUE LAGOON DR**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **S** ☐ Delete
NAME **LESHER, FRANK M**
STREET ADDRESS **5201 BLUE LAGOON DRIVE**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **DP** ☒ Delete
NAME **HARA, NAOFUMI**
STREET ADDRESS **5201 BLUE LAGOON DRIVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **SAMPEI, KOICHI**
CITY-ST-ZIP **5201 BLUE LAGOON DRIVE**
MIAMI, FL 33126

TITLE **V** ☐ Delete
NAME **ZARATE, ALFONSO V**
STREET ADDRESS **5201 BLUE LAGOON DRIVE**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **V** ☐ Delete
NAME **HALBY, KAREN**
STREET ADDRESS **5201 BLUE LAGOON DR**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **V** ☐ Delete
NAME **ROTH, STEPHANIE**
STREET ADDRESS **5201 BLUE LAGOON DR**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ 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

APR 18, 2003 **(305) 260-4000**
Date **Daytime Phone #**

CR20034 (10/02)