

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

2008 APR 25 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500125810595
04/25/08--01026--018 **\$1.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # N06000006621 1. Entity Name FLORIDA MEDIA MARKET, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 SE 2nd Avenue Suite, Apt. #, etc. 1148 City & State Miami, FL Zip 33131	Country	3. Mailing Address THE SAME Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 20-5178488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Maritza Guimet	
	Street Address (P.O. Box Number is Not Acceptable) 18400 NE 20th Court	
	City North Miami Beach	FL Zip Code 33179

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)

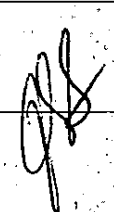
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Maritza Guimet 18400 NE 20th Court, N.Miami Beach, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephanie Pastenak 25 SE 2nd Ave., Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Luis Morales 25 SE 2nd Ave., Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martiza Guimet, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)