


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90040 015 ***150.00

DOCUMENT # P00000027672
 1. Entity Name
 SUPERSTATION MEDIA, INC.



Principal Place of Business
 3550 BISCAYNE BLVD
~~#0001~~
 MIAMI, FL 33137

Mailing Address
 3550 BISCAYNE BLVD
~~#0001~~
 MIAMI, FL 33137



2. Principal Place of Business
 Suite, Apt. #, etc.
#700

3. Mailing Address
 Suite, Apt. #, etc.
#700

03162004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 65-0990967

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

CAVAIGNAC, JOAQUIM
 701 BRICKELL KEY BLVD ~~#809~~
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 701 BRICKELL KEY BLVD
 #1912
 City MIAMI FL Zip Code 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVAIGNAC, JOAQUIM	
STREET ADDRESS	701 BRICKELL KEY BLVD., #809	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABUJAMRA, YARA	
STREET ADDRESS	701 BRICKELL KEY BLVD., #809	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 BRICKELL KEY BLVD #1912	
CITY-ST-ZIP	MIAMI FL, 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVAIGNAC YARA	
STREET ADDRESS	701 BRICKELL KEY BLVD #1912	
CITY-ST-ZIP	MIAMI FL, 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Yara Cavagnac 03/16/04 305-576-6933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #