

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 022 ***150.00

DOCUMENT # P00000029143

1. Entity Name

RED MEDIA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5700 Collins Ave (#8M)

3. Mailing Address

5700 Collins Ave

Suite, Apt. #, etc.

8M

Suite, Apt. #, etc.

8M

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-0996072

Applied For

Not Applicable

Zip

33140

Country

US

Zip

33140

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN AINSTEIN

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

5700 Collins Ave

8M

City

MIAMI BEACH

FL

Zip Code

33140

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT, DIRECTOR
MARTIN AINSTEIN
5700 COLLINS AVE (#8M)
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VICEPRESIDENT, DIRECTOR
ADRIAN COSTAS
5700 COLLINS AVE (#8M)
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Esse

Daytime Phone: #

CR2E034B (12/01)