FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90243 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029143

1. Entity Name

RED MEDIA CORPORATION

11017126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35 N.E. 40 ST	35 N.E. 40 ST
Suite, Apt. #, etc. #307	Suite, Apt. #, etc. #307
City & State MIAMI FL	City & State MIAMI FL
Zip 33137 Country	Zip 33137 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: AINSTEIN, MARTIN A.

Street Address (P.O. Box Number is Not Acceptable): 35 N.E. 40 ST. #307

City: MIAMI FL Zip Code: 33137

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: X MARTIN A. AINSTEIN
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AINSTEIN, MARTIN A.
STREET ADDRESS	35 N.E. 40 ST. #307
CITY-ST-ZIP	MIAMI FL 33137
TITLE	DV
NAME	COSTAS, ADRIAN
STREET ADDRESS	35 N.E. 40 ST #307
CITY-ST-ZIP	MIAMI FL 33137
TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X MARTIN A. AINSTEIN PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #