

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 012 ***150.00

DOCUMENT # P00000031332

1. Entity Name

TERAMAR MEDIA INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5841 Corporate Way

Suite, Apt. #, etc.

102

3. Mailing Address

5841 Corporate Way

Suite, Apt. #, etc.

102

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0995158

Applied For

Not Applicable

Zip

33407

Country

Zip

33407

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ABRISHAMI, MARGARITA P

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

5841 Corporate Way Suite 102

City

West Palm Beach FL

Zip Code

33407

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

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 NAME STREET ADDRESS CITY - ST - ZIP	D ABRISHAMI, BAHRAM A 15315 79TH TERR. NORTH Palm Beach Gardens FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRISHAMI, MARGARITA P 15315 79TH TERR. NORTH PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARITA ABRISHAMI

Date

4-19-04

Daytime Phone #

561 615-8483

CR2E034B (12/02)