

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90993 022 ***150.00

DOCUMENT # P00000039146

1. Entity Name
 JAG MEDIA, INC

Principal Place of Business
 1916 HARRISON ST
 HOLLYWOOD
 FL 33020

Mailing Address
 1916 HARRISON ST
 HOLLYWOOD
 FL 33020

2. Principal Place of Business
 1918 HARRISON ST

3. Mailing Address
 10211 PINES BLVD

Suite, Apt. #, etc.
 211

Suite, Apt. #, etc.
 306

City & State
 HOLLYWOOD FL

City & State
 PINEBROKE PINES

Zip
 33020

Country
 BRAZIL

Zip
 33026

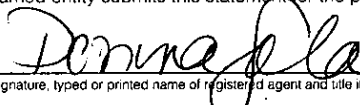
Country
 BRAZIL

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MARCO DUNCAN
 7851 NW 3RD ST #24
 PINEBROKE PINES
 FL 33024

7. Name and Address of New Registered Agent
 Name: DONNA GORDEN
 Street Address (P.O. Box Number is Not Acceptable):
 10211 PINES BLVD - SUITE 306
 City: PINEBROKE PINES FL Zip Code: 33026

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 title 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCO DUNCAN 7851 NW 3RD ST #24 PINEBROKE PINES FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY DUNCAN 1916 HARRISON ST HOLLYWOOD FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 **(954)444-8072**
 Date Daytime Phone #

CR2E034 (9/99)