2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000051985 MEDIA OVERSEAS AMERICA INC. 05-17-2001 90094 001 *1,050.00 Principal Place of Business Mailing Address 701 BRICKELL AVENUE SUITE 3000 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address c/o Bruce Jay Toland PA c/o Bruce Jay Toland PA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 80 SW 8 St., #1920 80 SW 8 St., #1920 City & State City & State Applied For -1011528 Miami, Florida Not Applicable Miami, Florida Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33130 <u> Miami-Dade</u> 33130 Miami-Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bruce Jay Toland, PA Street Address (P.O. Box Number is Not Acceptable) INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 80 SW 8 Street, Suite 1920 **MIAMI FL 33131** City Zip Code Miami 33130 8. The above named entity submits this staten nanging its regis red office or registered agent, or both, in the State of Flori SIGNATURI NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE Delete TITLE РΨ NAME NAME Eric Desmonts c/o Bruce Jay TolandP STREET ADDRESS STREET ADDRESS 80 SW-8 Street, Suite 1920 CITY-ST-7IP CITY-ST-ZIP Miami, Florida 33130 TITLE ☐ Delete TITLE CEO, S ☐ Change NAME NAME Serge Lamagnere c/o Bruce Jay Toland STREET ADDRESS STREET ADDRESS 80 SW 8 Street, Suite 1920 CITY-ST-7IP CITY-ST-ZIP Miami, Florida 33130 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 repo as required by Chapter-607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with all oth

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

Daytime Phone

☐ Change

☐ Addition