

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90063 014 ***150.00

DOCUMENT # P 00000104307

1. Entity Name

Mega Media Corporation

DO NOT WRITE IN THIS SPACE

B0093737

2. Principal Place of Business

Boynton Beach

3. Mailing Address

6146 Terra Rosa Cir

Suite, Apt. #, etc.

6146 Terra Rosa

Suite, Apt. #, etc.

City & State

Boynton Bch FL

City & State

Boynton Bch FL

Zip

33437

Country

USA

Zip

33437

Country

USA

4. FEI Number

65-1062761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Kulpa

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

6146 Terra Rosa Cir

City

Boynton Bch FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

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]

Signature of, 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)

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
Richard Kulpa
6146 Terra Rosa Cir
Boynton Beach FL 33437

TITLE
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)