FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110357

1. Entity Name
GDA MULTIMEDIA SOLUTIONS, INC.

90087141

Principal Place of Business
8930 STATE RD. 84, #124
DAVIE, FL 33324

Mailing Address
12771 SW 53 ST
HOLLYWOOD, FL 33027

2. Principal Place of Business: 12771 SW. 53 St.
Suite, Apt. #, etc.
City & State: Miramar FL
Zip: 33027 Country: USA

3. Mailing Address: 12771 S.W. 53 St.
Suite, Apt. #, etc.
City & State: Miramar FL
Zip: 33027 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1056178 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, BEHAR & ASSOCIATES, PA
13935 NW 1ST AVE.
MIAMI, FL 33169

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Gustavo P. Arango DATE 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARANGO, GUSTAVO D 8930 STATE RD., STE 124 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12771 S.W. 53 St. Miramar, FL 33027	☒ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: Gustavo P. Arango 4/11/03 954-394-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

"I never received the renewal form this year"