

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 023 ***150.00

DOCUMENT # P00000113856

1. Entity Name 305 MEDIA DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 S. Biscayne Pt. Rd.
Suite, Apt. #, etc.

3. Mailing Address

1300 S. Biscayne Pt. Rd.
Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip 33141 **Country** U.S.

City & State
Miami Beach, FL

Zip 33141 **Country** U.S.

4. FEI Number 65-1061560

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Franke, Dirk
Street Address (P.O. Box Number is Not Acceptable) 1300 S. Biscayne Pt. Rd.

City Miami Beach **FL** **Zip Code** 33141

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (If P.O. Box Number is Not Acceptable, Signature Required at all times)

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 PSD
NAME Franke, Dirk
STREET ADDRESS 1300 S. Biscayne Pt. Rd.
CITY-ST-ZIP Miami Beach, FL 33141

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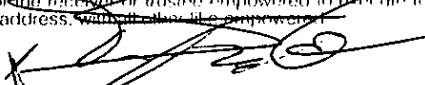
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 manager or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, without which the information is incomplete.

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

Date 4/8/02

Daytime Phone #