

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116020

1. Entity Name

SKY MEDIA, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90480 049 ***150.00

Principal Place of Business

Mailing Address

770 CLAUGHTON ISLAND DRIVE
SUITE 1608
MIAMI FL 33131

770 CLAUGHTON ISLAND DRIVE
SUITE 1608
MIAMI FL 33131

UUU4433Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 Claughton Island Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1608

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-1068121

Applied For

Not Applicable

Zip

Country

33131

None

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGULO, MARCELA
770 CLAUGHTON ISLAND DRIVE
SUITE 1608
MIAMI FL 33131

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.

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ANGULO, MARCELA
770 CLAUGHTON ISLAND DRIVE SUITE 1608
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9/01

Date

Daytime Phone #

CR2E034 (10/00)