

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90127 049 ***150.00

DOCUMENT # P00000116020

1. Entity Name
SKY MEDIA, INC.



Principal Place of Business
**770 CLAUGHTON ISLAND DRIVE
SUITE 1608
MIAMI FL 33131**

Mailing Address
**770 CLAUGHTON ISLAND DRIVE
SUITE 1608
MIAMI FL 33131**



2. Principal Place of Business
770 CLAUGHTON ISLAND DRIVE

3. Mailing Address
770 CLAUGHTON ISLAND DRIVE

Suite, Apt. #, etc.
SUITE 1016

Suite, Apt. #, etc.
SUITE 1016

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL 33131

4. FEI Number **65-1068121**

Applied For
Not Applicable

Zip **33131** Country **USA**

Zip **33131** Country **USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ANGULO, MARCELA**
Street Address (P.O. Box Number is Not Acceptable)
**770 CLAUGHTON ISLAND DRIVE
SUITE 1016**
City **MIAMI** FL Zip Code **33131**

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 _____ DATE **3/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ANGULO, MARCELA**
STREET ADDRESS **770 CLAUGHTON ISLAND DRIVE SUITE 1016**
CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 3053795647

Date Daytime Phone #

CR2E034 (10/02)