

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 041 ***150.00

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

DOCUMENT # P01000012364
1. Entity Name
ECHO MEDIUM GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 Lincoln Road
Suite, Apt. #, etc.
Penthouse Northwest
City & State
Miami, FL
Zip
33139 Country
U.S.A.

3. Mailing Address
555 N.E. 15th St.
Suite, Apt. #, etc.
30th Floor, Suite H
City & State
Miami, FL
Zip
33132 Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
651071046

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)

347 Almeria Avenue
City
Miami, FL FL Zip
33139

**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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
ADAM ROALT
407 Lincoln Road, PH NW
Miami, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
CARLOS MUSSO
407 Lincoln Road, PH NW
Miami, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 305-577-3393
Date Daytime Phone