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FILED
May 28, 2002 8:00 am
Secretary of State
05-01-2002 91520 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020944

1. Entity Name

CBS 24 INC. P01000020944

29972

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
11662 N. Kendall Drive	903 N. Homestead Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Homestead, Florida
Zip: 33176 Country: USA	Zip: 33030 Country: USA

4. FEI Number: 65-1084671 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHAKIL BAIG

Street Address (P.O. Box Number is Not Acceptable): 10801 SW 109 CT. # D-301

City: Miami FL Zip Code: 33176

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: 04/10/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President SHAKIL BAIG 10801 SW 109 CT. # D-301, Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director FAHIM MIRZA 14250, SW 90 TE, Miami, FL 33186
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CR2E034B (12/01)

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

SIGNATURE: _____ Shakil Baig 05/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE