


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90736 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P 01000048511	
1. Entity Name NOTISHOW. COM, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10586 NW 51 ST	3. Mailing Address 7225 NW 25TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 300

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL.	City & State MIAMI, FL.	4. FEI Number 26 - 0005426	Applied For <input type="checkbox"/> Not Applicable
Zip 33178	Country	Zip 33122	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LUIS C. ARAUZ
Street Address (P.O. Box Number is Not Acceptable) 7225 NW 25TH ST # 300
City MIAMI
FL Zip Code 33122

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 **04 - 09 - 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIGUEL FERRANDO 10586 NW 51 SR MIAMI, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: _____ **04 - 09 - 03** **(886) 344-7580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)