

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93599 020 \*\*\*150.00

**DOCUMENT #** P01000057905  
**1. Entity Name**  
 MIMO RTV ADVERTISING & MARKETING SERVICES, INC.

**Principal Place of Business**      **Mailing Address**  
 119 MENORES AVE STE 1A  
 CORAL GABLES, FL  
 33134

**2. Principal Place of Business**      **3. Mailing Address**  
 131 ZAMORA AVE      131 ZAMORA AVE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 5      5

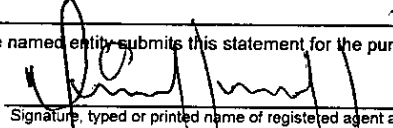
**City & State**      **City & State**  
 CORAL GABLES, FL      CORAL GABLES, FL  
**Zip**      **Country**      **Zip**      **Country**  
 33134      USA      33134      USA

**4. FEI Number**      **Applied For**  
 65-1138656      **Not Applicable**  
**5. Certificate of Status Desired**      **\$8.75**      **Additional**  
    **Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
~~MORENO, MIGUEL~~  
 119 MENORES AVE  
 SUITE 1A  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**  
**Name**  
 MORENO, MIGUEL  
**Street Address (P.O. Box Number is Not Acceptable)**  
 131 ZAMORA AVE  
 SUITE 5  
**City**      **FL**      **Zip Code**  
 CORAL GABLES      33134

**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**  **MIGUEL MORENO**      **5/1/2002**  
 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.**      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
    **Make Check Payable to Department of State**

**10. Election Campaign Financing**      **\$5.00**  
 Trust Fund Contribution.      May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PTD MORENO, MIGUEL 119 MENORES AVE, SUITE 1A CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VSD CAICEDO, CLARA 119 MENORES AVE, SUITE 1A CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PTD MORENO, MIGUEL 131 ZAMORA AVE, SUITE 5 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VSD CAYCEDO, CLARA 131 ZAMORA AVE, SUITE 5 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2004 (9/99)

**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:**  **PRESIDENT**      **5/1/2002**      **305-448-6610**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #