

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90862 015 ***150.00

DOCUMENT # P01000069147

1. Entity Name
F & F MEDIA CORP.



Principal Place of Business
1046 NW 133RD AVE
MIAMI FL 33182

Mailing Address
1046 NW 133RD AVE
MIAMI FL 33182

70024236



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1133535**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, FAUSTINO
1046 NW 133RD AVE
MIAMI FL 33182

Name **ADOLFO FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
1046 N.W. 133RD AVE

City **MIAMI**

FL

Zip Code **33182**

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]* **ADOLFO FERNANDEZ**

DATE **2/26/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT**
NAME **FERNANDEZ, FAUSTINO** ☒ **Delete**
STREET ADDRESS **1046 NW 133RD AVE**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P/S**
NAME **ADOLFO FERNANDEZ** ☐ **Change** ☒ **Addition**
STREET ADDRESS **1046 NW 133RD AVE**
CITY-ST-ZIP **MIAMI - FL 33182**

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Change** ☐ **Addition**
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]* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 (305) 553-4500

Date

Daytime Phone #

CR2E034 (10/02)