

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0172209 AV

**DOCUMENT # P01000075113**

1. Entity Name  
**ALL NET MEDIA, INC.**



04-28-2003 90950 010 \*\*\*150.00

Principal Place of Business  
**558 NW 159TH AVE.  
PEMBROKE PINES FL 33028**

Mailing Address  
**558 NW 159TH AVE.  
PEMBROKE PINES FL 33028**



2. Principal Place of Business  
**1910 SW 183 TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1910 SW 183 TERR**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR FL**

4. FEI Number **65-1130472**

Applied For  
☐ Not Applicable

Zip **33029** Country **USA**

Zip **33029** Country **USA**

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

6. Name and Address of Current Registered Agent

**ALBARRACIN, LEONARDO  
558 NW 159TH AVE.  
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **ALBARRACIN, LEONARDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1910 SW 183 TERR**  
City **MIRAMAR FL** Zip Code **33029**

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 **LEONARDO ALBARRACIN** **4-25-03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ALBARRACIN, LEONARDO**  
STREET ADDRESS **558 NW 159TH AVE.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☒ Change ☐ Addition  
NAME **ALBARRACIN, LEONARDO**  
STREET ADDRESS **1910 SW 183 TERRACE**  
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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: **LEONARDO ALBARRACIN** **4-25-03** **954-4335944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)