

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90208 048 ***150.00

DOCUMENT # P01000085469

1. Entity Name

SEXACTION MAGAZINE, INC.

Principal Place of Business

**6286 NW 170 TERRACE
 MIAMI FL 33015**

Mailing Address

**6286 NW 170 TERRACE
 MIAMI FL 33015**

2. Principal Place of Business

2100 WEST 76 ST

3. Mailing Address

2100 WEST 76 ST

Suite, Apt. #, etc.

SUITE 313

Suite, Apt. #, etc.

SUITE 313

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1133278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAMITIER, JORGE E
 6286 NW 170 TERRACE
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

JORGE SAMITIER

04/22/2002

Signature of person who is not a 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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **SAMITIER, JORGE E**
 STREET ADDRESS **6286 NW 170 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 empowerments.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002 (305)8234211

Date

Daytime Phone #

0139006 AV

CR2E034 (9/01)