

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 041 ***150.00

DOCUMENT # P01000087379

1. Entity Name

GYM TV, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 E. DILIDO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

510 E. DILIDO DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
61-1411306

Applied For

Not Applicable

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MYLES G. CYPEN, ESQ.

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

510 E. DILIDO DRIVE

City MIAMI BEACH

FL

Zip Code
33139

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IN THIS SPACE**

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, typed or printed name of registered agent and date if applicable.

MYLES G. CYPEN

4-22-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
RUBEN A. RODRIGUEZ
510 E. DILIDO DRIVE
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
MYLES G. CYPEN
510 E. DILIDO DRIVE
MIAMI BEACH, FL 33139

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYLES G. CYPEN

4-22-02

Date

(305) 695-9500

Daytime Phone #

CR2E034B (12/01)