

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90105 047 ***150.00

DOCUMENT # P01000087379

1. Entity Name
GYM TV, INC.



Principal Place of Business
**510 E. DILIDO DRIVE
MIAMI BEACH FL 33139**

Mailing Address
**510 E. DILIDO DRIVE
MIAMI BEACH FL 33139**



2. Principal Place of Business

1345 ALTON ROAD

3. Mailing Address

P.O. Box 398178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33239-8178

Country

USA

4. FEI Number

61-1411306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYLES, CYPEN G ESQ
510 E. DILIDO DRIVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

MYLES G. CYPEN, ESQ.

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

1345 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

3/5/03

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

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ, RUBEN A**
STREET ADDRESS **510 E. DILIDO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SD** ☒ Delete
NAME **CYPEN, MYLES G**
STREET ADDRESS **510 E. DILIDO DRIVE**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D** ☒ Change ☐ Addition
NAME **RUBEN A. RODRIGUEZ**
STREET ADDRESS **1345 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

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

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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:

SIGNATURE REQUIRED RUBEN A. RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 (305) 439-1277
Daytime Phone #

CR2E034 (10/02)