

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90390 013 ***150.00

DOCUMENT # P01000098273

1. Entity Name

INNOVA COMMUNICATION NETWORK, INC.



Principal Place of Business
**SUNSET OFFICE PARK
9370 SUNSET DR., STE. A-100
MIAMI FL 33173**

Mailing Address
**SUNSET OFFICE PARK
9370 SUNSET DR., STE. A-100
MIAMI FL 33173**

55046436



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

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

**PONS, MARTIN E
SUNSET OFFICE PARK
9370 SUNSET DR., STE. A-100
MIAMI FL 33173**

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. 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)

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 ☐ Delete
NAME **D**
STREET ADDRESS **NARANJO, SERGIO**
CITY-ST-ZIP **4500 NW 93RD DORAL CT.
MIAMI FL 33178**

TITLE ☐ Delete
NAME **PONS, MARTIN E**
STREET ADDRESS **9370 SUNSET DR., STE. A-100**
CITY-ST-ZIP **MIAMI FL 33173**

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

MARTIN E PONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN E PONS 4/24/03 275 7072

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 55046436
#PD1000098273

Form SS-4 (Rev. August 1989) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.	EIN OMB No. 1545-0003 Expires 7-31-91
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1 Name of applicant (True legal name) (See instructions.)
INNOVA COMMUNICATION NETWORK, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)
90 MARLIN POIS 9370 SUNSET DRIVE

5a Address of business. (See instructions.)
SUITE A-1W 9370 SUNSET DR

4b City, state, and ZIP code
MIAMI, FL 33173

5b City, state, and ZIP code
MIAMI, FL 33173

6 County and state where principal business is located
DADE, FLA

7 Name of principal officer, grantor, or general partner. (See instructions.) ▶
SPENCER NARANJO

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) REAL ESTATE	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State **FLORIDA**

9 Reason for applying (Check only one box)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
October 9, 2001

11 Enter closing month of accounting year. (See instructions.)
DEC.

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).
N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0".

Nonagricultural	Agricultural	Household
0	0	0

14 Does the applicant operate more than one place of business? ☐ Yes ☒ No
If "Yes," enter name of business. ▶

15 Principal activity or service (See instructions.) ▶ **INVESTMENT PROPERTY - REAL ESTATE**

16 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

17 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

18a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 18b and 18c.

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶	Trade name ▶
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18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **MARTIN E POIS, atty / as / Secy**

Signature ▶ **[Signature]** Date ▶ **6/3/03**

Telephone number (include area code)
305-275-7072