## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P01000112259 1. Entity Name 05-27-2002 90301 041 \*\*\*158.75 GLOBAL SPORT MEDIA CORP. Principal Place of Business Mailing Address 100 W. HIDDEN VALLEY BLVD. #402 100 W. HIDDEN VALLEY BLVD. #402 **BOCA RATON FL 33487-1555** BOCA RATON FL 33487-1555 2. Principal Place of Business 3. Mailing Address 9510 KICHMOND GRELE 9510 RICHMOND CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Gity & State 4. FEI Number Applied For -Floriss FLORIUS DOCA KATON 65-1156599 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRETTO VILLALOBOS, HENRY 100 W. HIDDEN VALLEY BLVD. #402 **BOCA RATON FL 33487-1555** Zio Code 432134-2324 8. The above nan its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida PRETTO Osean SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Ø Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE Delete TITLE ☐ Change ☐ Addition DANIEL OSCAR PRETTO NAME NAME STREET ADDRESS 9510 RICHMOND CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON - FL. 33434-2325 CITY-ST-ZIP SECRETARY DIDE TITLE Change ☐ Addition PRETTO SUSANA NAME NAME 9510 RICHMONS CIECLE -STREET ADDRESS STREET ADDRESS BOCK ROTON. FL. CITY-ST-ZIP 33434-2325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Defete

4-28-2002 /

(561) 477.8119

☐ Change

☐ Addition

Daytime Phone #