

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90168 048 ***150.00

DOCUMENT # P02000014005

1. Entity Name

RADIO AND TELE MAGIC DIGITAL INC.



Principal Place of Business

4007 SW 52ND AVENUE
SUITE 104
HOLLYWOOD FL 33023
US

Mailing Address

4007 SW 52ND AVENUE
SUITE 104
HOLLYWOOD FL 33023
US

2. Principal Place of Business

3. Mailing Address

2400 W. PINE TREE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FLA

Zip

Country

33023

Country

4. FEI Number

71-0867702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACHILLE, JOSEPH E
4007 SW 52ND AVENUE
SUITE 104
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name Joseph Achille

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

2400 W. PINE TREE DR

City

MIRAMAR

FL

Zip Code

33023

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

Joseph Achille

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

(NOTE: Registered Agent signature required when reinstating)

03/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ACHILLE, JOSEPH E
STREET ADDRESS 4007 SW 52ND AVE #104
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE SD ☐ Delete
NAME MONDESIR, MARIE-JOSE
STREET ADDRESS 4007 SW 52ND AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33023

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Joseph Achille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/04

Date Daytime Phone #