

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90153 046 \*\*\*558.75

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**DOCUMENT # P02000034844**

1. Entity Name  
**AXIOM-MEDIA, CORP**



Principal Place of Business  
**343 JEFFERSON AVENUE**  
**9**  
**MIAMI BEACH FL 33139**

Mailing Address  
**343 JEFFERSON AVENUE**  
**9**  
**MIAMI BEACH FL 33139**



2. Principal Place of Business  
**343 JEFFERSON AVE**

3. Mailing Address  
**343 JEFFERSON AVE**

Suite, Apt. #, etc.  
**9**

Suite, Apt. #, etc.  
**9**

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139**

Country  
**USA**

Zip  
**33139**

Country  
**USA**

4. FEI Number  
**03-042-3879**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SOURDIS, MARGARITA C MISS**  
**343 JEFFERSON AVENUE**  
**9**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name **MARGARITA SOURDIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**343 JEFFERSON AVE #9**  
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 *Margarita Sourdis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*09/09/03*  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GODOY, ADRIAN C SR</b>	
STREET ADDRESS	<b>343 JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SOURDIS, MARGARITA C MISS</b>	
STREET ADDRESS	<b>343 JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARLOSENA, JUAN A SR</b>	
STREET ADDRESS	<b>2030 PARK AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margarita Sourdis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*09/09/03* *305-761-0631*  
Date Daytime Phone #

CR2E034 (4/03)