

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90050 010 \*\*\*150.00

**DOCUMENT # P02000038942**

1. Entity Name  
**Z MULTI MEDIA CORP**



Principal Place of Business  
**5555 ANGLERS AVENUE  
SUITE 16  
FORT LAUDERDALE FL 33312**

Mailing Address  
**5555 ANGLERS AVENUE  
SUITE 16  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business  
**3725 SW 30 AVENUE**

3. Mailing Address  
**3725 SW 30 AVENUE**

Suite, Apt. #, etc.  
**FORT LAUDERDALE, FL.**

Suite, Apt. #, etc.  
**FORT LAUDERDALE, FL.**

City & State

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1651157** Applied For  
Not Applicable

Zip **33312**

Country **USA**

Zip **33312**

Country **USA**

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

**LEKACH, Z  
5555 ANGLERS AVENUE  
16  
FORT LAUDERDALE FL 33312**

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

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

TITLE **P** ☐ Delete  
NAME **LEKACH, Z**  
STREET ADDRESS **5555 ANGLERS AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ZALMAN LEKACH**  
STREET ADDRESS **3725 SW 30 AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **TANIA N. ESPINOSA**  
STREET ADDRESS **3725 SW 30 AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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: **SIGNATURE ZALMAN LEKACH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/03 (954) 316-9008**  
Daytime Phone #

CR2E034 (10/02)