

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90128 008 ***150.00

DOCUMENT # P02000039388

1. Entity Name
METROPOLITAN MEDIA CORP.



Principal Place of Business
529 SAN LORENZO AVENUE
CORAL GABLES FL 33146

Mailing Address
529 SAN LORENZO AVENUE
CORAL GABLES FL 33146

2. Principal Place of Business
2222 PONCE DE LEON BLVD

3. Mailing Address
2222 PONCE DE LEON BLVD

Suite, Apt. #, etc.
305

Suite, Apt. #, etc.
305

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

Zip
33134

Country

4. FEI Number
03-0423989

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

SOUSA, JACQUELINE
529 SAN LORENZO AVENUE
CORAL GABLES FL 33146
2222 Ponce de Leon Blvd
Suite 305
Coral Gables FL 33134

7. Name and Address of New Registered Agent

Name
Jacqueline Sousa
Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd #305
Coral Gables
City
FL Zip Code
33134

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

3/19/03

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	<input type="checkbox"/> Delete
NAME	SOUSA, JACQUELINE	
STREET ADDRESS	529 SAN LORENZO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	AUCIA COYA	
STREET ADDRESS	2222 PONCE DE LEON BLVD #305	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: SIGNATURE REQUIRED, SOUSA, PRES.

3/13/03 786-552-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)