

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 044 ***150.00

DOCUMENT # P02000061428

1. Entity Name
ZYON MEDIA INC.



Principal Place of Business
1570 SW 3 STREET
MIAMI FL 33135

Mailing Address
1570 SW 3 STREET
MIAMI FL 33135

2. Principal Place of Business
537 NE 66 STREET

3. Mailing Address
537 NE 66 STREET

Suite, Apt. #, etc.
APT # 1

Suite, Apt. #, etc.
APT # 1

City & State
Miami, FL

City & State
Miami, FL

Zip
33138

Country
U.S.A.

Zip
33138

Country
U.S.A.

4. FEI Number
01-0703938

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

7. Name and Address of New Registered Agent

MARTINEZ, ROBERTO R
1570 SW 3 STREET
MIAMI FL 33135

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 Roberto R. Martinez - President 01/10/03

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
NAME ROBERTO, MARTINEZ R
STREET ADDRESS 1570 SW 3 STREET
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE Treasurer
NAME MARIBEL, MARTINEZ A
STREET ADDRESS 537 NE 66 STREET APT. # 2
CITY-ST-ZIP MIAMI, FL 33138 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME Roberto, Martinez R
STREET ADDRESS 537 NE 66 STREET
CITY-ST-ZIP MIAMI FL 33138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: Roberto R. Martinez - P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/03

DATE

305 759-5758
305-244-0034

Daytime Phone #

CR2E034 (10/02)