FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90389 018 ***150.00

DOCUMENT # P02000072048

1. Entity Name

Megazines Publications Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
6920 NW 46 Street	6920 NW 46 Street	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami, FL	City & State: Miami, FL	4. FEI Number ☐ Applied For ☐ Not Applicable
Zip: 33166 Country:	Zip: 33166 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hector Brignone

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

936 Phoenix Way

City: Weston FL Zip Code: 33327

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: P NAME: Reinaldo Acosta STREET ADDRESS: 1241 Camellia Circle, Weston, FL, 33326 CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP
TITLE: VP NAME: Roberto Sroka STREET ADDRESS: 7748 NW 107th Place, Miami, FL, 33178 CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP
TITLE: VP NAME: Emil Stefanutti STREET ADDRESS: 5431 NW 112 Court, Miami, FL, 33178 CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP
TITLE: T NAME: Hector Brignone STREET ADDRESS: 936 Phoenix Way, Weston, FL, 33327 CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP
TITLE: S NAME: Jaime Florez STREET ADDRESS: 4429 NW 97th Place, Miami, FL, 33178 CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Héctor Brignone 04/26/04 3055133353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #