

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90025 032 ***550.00

DOCUMENT # P02000093880

1. Entity Name

MAGNATE MEDIA INCORPORATED



Principal Place of Business:

**400 NORTH FLAGLER DRIVE SUITE 1506
WEST PALM BEACH FL 33401**

Mailing Address

**400 NORTH FLAGLER DRIVE SUITE 1506
WEST PALM BEACH FL 33401**

24081119



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1844411

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	CEO - CHAIRMAN <input type="checkbox"/> Delete
NAME	DE SUIZA DE BOURBON, COUNT ADRIAN J T
STREET ADDRESS	400 NORTH FLAGLER DRIVE SUITE 1506
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	CHAIRMAN <input type="checkbox"/> Delete
NAME	DE SUIZA DE BOURBON, COUNT ADRIAN J T
STREET ADDRESS	400 NORTH FLAGLER DRIVE SUITE 1506
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	P <input type="checkbox"/> Delete
NAME	ALEXANDER, MICHAEL
STREET ADDRESS	1184 N. W. 11th Ave, Suite 1506
CITY-ST-ZIP	MIAMI BEACH FL 33134
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	COUNTESS ERNTRUDT DESUIZA DEBOURBON
STREET ADDRESS	400 N. FLAGLER DR. APT. 1506
CITY-ST-ZIP	WEST PALM BEACH FL 33401-4303
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"/> 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
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:

ADRIAN de Suiza de Bourbon

Date

Daytime Phone #

07/26/04 (561) 8888576