

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

07-21-2003 90128 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1844418

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

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
After September 10, 2003 Fee will be \$750.00
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 PTD
NAME KRATON ROBERT A
STREET ADDRESS 400 NORTH FLAGLER DRIVE SUITE 1506
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE CEO
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

☐ Delete

TITLE CHAIRMAN
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

☐ Delete

TITLE PRESIDENT
NAME MICHAEL ALEXANDER
STREET ADDRESS 118 CANNON DR.
CITY-ST-ZIP BALHARBOR FL 33154

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

July 8, 2003

Date

Daytime Phone #

CR2003 (4/03)

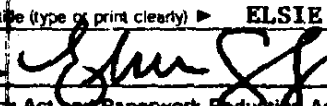
Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **14-1844411**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested MAGNATE MEDIA INCORPORATED		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 400 North Flagler Drive, Suite #1506		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code West Palm Beach, Florida 33401		5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach County, Florida		
7a Name of principal officer, general partner, grantor, owner, or trustee Count Adrian J.T. De Suiza De Bourbon, C.E.O.		7b SSN, ITIN, or EIN 098-72-2121	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN)			
<input type="checkbox"/> Partnership			
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120			
<input type="checkbox"/> Personal service corp.			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶			
<input type="checkbox"/> Other (specify) ▶			
<input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Plan administrator (SSN)			
<input type="checkbox"/> Trust (SSN of grantor)			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶			
<input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Created a pension plan (specify type) ▶			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (month, day, year) 08/29/02		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ n/a			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".		Agricultural	Household
			Other
			0
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify)			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Creation Of Cultural and Communication Enterprises			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ ELSIE SANCHEZ, Treasurer			Applicant's telephone number (include area code)
Signature ▶ 			(561) 832-2076
Date ▶ 09/03/02			Applicant's fax number (include area code)
			(305) 857-3700

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)