

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90078 032 \*\*\*150.00

0357663 AV

**DOCUMENT # P02000097177**

1. Entity Name

**DRAGON MULTIMEDIA, INC.**



Principal Place of Business  
**8181 W BROWARD BLVD #350  
PLANTATION FL 33324**

Mailing Address  
**8181 W BROWARD BLVD #350  
PLANTATION FL 33324**

2. Principal Place of Business

**3243 COCO PLUM CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

**3243 COCO PLUM CIRCLE**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**COCONUT CREEK FL**

City & State

**COCONUT CREEK FL**

4. FEI Number

**71-0902814**

Applied For

☐ Not Applicable

Zip

**33063**

Country

**BROWARD**

Zip

**33063**

Country

**BROWARD**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAMI, SAM**

**8181 W BROWARD BLVD #350  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**RUBEN, JOEL P. JR**

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

**3243 COCO PLUM CIRCLE**

City

**COCONUT CREEK**

FL

Zip Code

**33063**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**JOEL RUBEN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/22**

**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

TITLE **D** ☐ Delete  
NAME **RUBEN, JOEL P JR**  
STREET ADDRESS **6842 NW 13 ST**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **RUBEN JOEL P. JR**  
STREET ADDRESS **3243 COCO PLUM CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

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

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

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

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/22**

Daytime Phone #

**954 979 5984**

CR2E034 (10/02)