FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90086 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110902

1. Entity Name

Big Bang Advertising

80122960

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8683 NW 66th Street	8683 NW 66th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: usa	Zip: 33166 Country: usa

DO NOT WRITE IN THIS SPACE

4. FEI Number 43 - 1979527 ☐ Applied For ☐ Not Applicable

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: April Bruffy

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

8683 NW 66th Street

City: Miami, FL Zip Code: 33166

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: April Bruffy, President April Bruffy DATE: 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated.)

January 1st - May 1st Fee is $150.00
After May 1st 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	President
NAME	April Bruffy
STREET ADDRESS	5137 NW 102nd Court
CITY-ST-ZIP	Miami FL 33166
TITLE	Vice President
NAME	April Jimenez
STREET ADDRESS	6004 SW 64th Place
CITY-ST-ZIP	Miami FL 33143
TITLE	Treasurer
NAME	Rafael Jimenez
STREET ADDRESS	6004 SW 64th Place
CITY-ST-ZIP	Miami FL 33143
TITLE	Secretary
NAME	Angel Navarro
STREET ADDRESS	5137 NW 102nd Court
CITY-ST-ZIP	Miami FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: April Bruffy April Bruffy, President 4/29/03 305 593-7388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #