2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000120035 DOCUMENT # 04-21-2003 90490 044 ***150.00 1. Entity Name SUNSET MEDIA PARTNERS, INC. Principal Place of Business Mailing Address 12525 SW 31 TERR 12525 SW 31 TERR MIAMI FL 33175 **MIAMI FL 33175** 3. Mailing Address 2. Principal Place of Business 10300 Sunset Drive Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 11-3663561 CLORIDA MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1015 **LUBIAN, LUIS** Street Address (P.O. Box Number is Not Acceptable) 12525 SW 31 TERR **MIAMI FL 33175** 10300 SUNSET DRIVE, 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 ag SIGNATURE ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change . ☐ Addition TITLE ☐ Delete LUIS LUBIAN LUBIAN, LUIS NAME NAME 10300 SUNSET DRIVE, SUITE 4709 12525 SW 31 TERR STREET ADDRESS STREET ADDRESS MIAMI, FL 33173 **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-7IP **VPT** Delete Change ☐ Addition TITLE TITLE COSTA, JORGE NAME NAME 218 SHORE DR. SOUTH STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 addre

SIGNATURE:

305 302 9135

FILED