SFOR PROFIT CORPORATION (UBR)

DOCUMENT # P02000/33928

1. Entity Name

SIGNATURE:

Media PROMOTIONS, Inc.



FILED

03 JUN 16 PM 2: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

239-390-2779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address River Ranch Rd.

	t 304.		oute, Apr. #, etc.		DO NOT WRITE IN THIS STACE		
City & State	State City		ity & State		4. FEI Number		Applied For
-FT. 1	Myers 1-L.	ESTER	20 46	<i>J</i> -			Not Applicable
Zip	Country U.S.	zip 33928	Cour	itry JSA .	5. Certificate of Status Desired		3.75 Additional e Required
			-		7. Name and Address of Current F	Registered A	gent
Name MIGUEL M. RAMIREZ							,
l .	- DO NO	T WRITE		Street Address	(P.O. Box Number is Not Acceptable)		<u></u>
en geles en en	The second secon	ACCURATION OF THE PROPERTY OF					
IN THIS SPACE				9826 BERNWOOD RL. #304			
				City FT.	Muers	FL	Zip Code 339/6
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 obligati	ions of registered agent.						
*SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	uary 1 - May 1 Fee is \$1			· · · · · · · · · · · · · · · · · · ·			
After May 1, Fee is \$550.00 Amended UBR is \$61.25					Election Campaign Fina Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	Payable to Florida Depai				Tust Fund Continuation.		Added to 1 ees
10.		ERS AND DIRECTORS	94, 4971C			a grand company of the second	
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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 of trusfee 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.							