

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

FILED
Apr 03, 2006 8:00 am x1
Secretary of State

04-03-2006 90377 014 ***150.00

DOCUMENT # P03000118067

1. Entity Name

A 2 MEDIA INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1821 SW 101 Way

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

4. FEI Number

71-0954944

Applied For

Not Applicable

Zip

Country

Zip

Country

33025

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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60024363

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ACCOUNTING MADE EZ, INC.

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

3800 S. OCEAN DR #217

City

HOLLYWOOD

FL

Zip Code

33019

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

January 1 - May 1 Fee is \$150.00

After May 1, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

SAM LABBAN

1821 SW 101 Way

MIRAMAR, FL 33025

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #