2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90034 002 ***150.00

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1. Entity Name
SECOND CUT MEDIA INC

40001199

01072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1521 ALTON RD 329 MIAMI BEACH, FL 33139	1521 ALTON RD 329 MIAMI BEACH, FL 33139
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6801 NW 77th AVE	6801 NW 77th AVE
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country US	Zip 33166 Country US

4. FEI Number 20-8284970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABELLO, JORGE F
1521 ALTON RD 329
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name ABELLO, JORGE F.
Street Address (P.O. Box Number is Not Acceptable) 2655 COLLINS AVE.
APT #1802
City MIAMI BEACH FL Zip Code 33140

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABELLO, JORGE F 1521 ALTON RD 329 MIAMI BEACH, FL 33139	☐ Delete	DIRECTOR ABELLO, JORGE F. 2655 COLLINS AVE. APT # 1802 MIAMI BEACH, FL 33140.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SECRETARY. ABELLO, MARTHA 7420 SW 107th AVE APT #7209 MIAMI, FL 33173.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/08 (305) 531-6801
Date Daytime Phone #