

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 002 ***150.00

DOCUMENT # P07000008302		
1. Entity Name SECOND CUT MEDIA INC		

Principal Place of Business 1521 ALTON RD 329 MIAMI BEACH FL 33139	Mailing Address 1521 ALTON RD 329 MIAMI BEACH FL 33139
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40001199

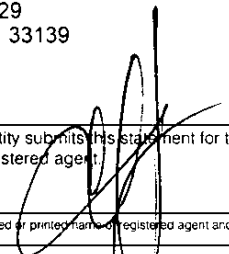
2. Principal Place of Business - No P.O. Box # 6801 NW 77th AVE	3. Mailing Address 6801 NW 77th AVE
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Country US



01072008 Chg-P CR2E034 (12/06)

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		

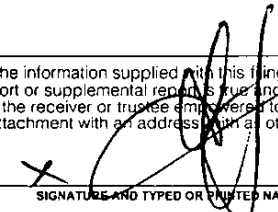
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ABELLO, JORGE F. 2655 COLLINS AVE. APT # 1802 MIAMI BEACH, FL 33140. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ABELLO, MARTHA 7420 SW 107th AVE APT #7209 MIAMI, FL 33173. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 reports 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 another like empowered.

SIGNATURE:  DATE: **01/07/08** (305) 531-6801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR