

P070000071635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

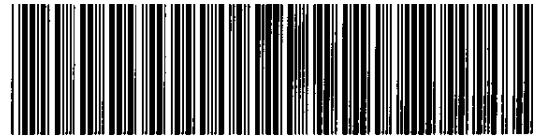
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TALLAHASSEE, FLORIDA
10 NOV 17 PM 3:01

Rd/ch8
10 11/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTENT MEDIA INC.
Name of Corporation

DOCUMENT NUMBER: 807000071635

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMI MAYRON
Name of Contact Person

CONTENT MEDIA INC.
Firm/Company

20283 STATE RD-7, STE-400
Address

BOCA RATON FL 33498
City/State and Zip Code

RAMI.MAYRON@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMI MAYRON at (561) 807 6346
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2010

RAMI MAYRON
CONTENT MEDIA INC
20283 STATE ROAD 7 - STE. 400
BOCA RATON, FL 33498

SUBJECT: CONTENT MEDIA, INC.
Ref. Number: P07000071635

RECEIVED
10 NOV 17 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CONTENT MEDIA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00025816

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONTENT MEDIA INC.
2. The principal office address: 20283 STATE RD-7, STE-400
BOCA RATON FL 33498
3. The mailing address (if different): -SAME-
4. Date of incorporation/qualification: 06/19/2007 Document number: P07000071635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~RAMI~~ MAYRON RAMI
12380 CLEARLAKE DR.
BOCA RATON FL 33428

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MAYRON RAMI
20283 STATE RD-7, STE-400
P.O. Box NOT acceptable
BOCA RATON FL 33498

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 NOV 17 PM 3:07

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

RAMI MAYRON, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

11.11.2010
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)