## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000028729** TRANSAMERICA MEDIA GROUP, INC. 02-22-2000 90009 013 \*\*\*150.00 Principal Place of Business Mailing Address 7700 N. KENDALL DR 7700 N. KENDALL DR (19388 SUITE 503 SUITE 503 MIAMI FL 33156-7566 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0491685 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEL CUETO, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DR STE 503 MIAMI FL 33156 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Afte? MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME DEL CUETO, JOSE NAME STREET ADDRESS 9161 SW 92 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change ☐ Addition **TCFO** ☐ Delete TITLE NAME DEL CUETO, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 9161 SW 92 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if

15~00 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.