## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P94000066221 1. Entity Name SKYWAVE BROADCASTING CORPORATION 04-04-2001 90070 031 \*\*\*150.00 Principal Place of Business Mailing Address 6400 S. W. 93RD AVENUE 6400 S. W. 93RD AVENUE MIAMI FL 33173 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0524315 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONOZ. OSVALDO Street Address (P.O. Box Number is Not Acceptable) 6400 S. W. 93RD AVENUE **MIAMI FL 33173** Zip Code s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names SIGNATURE (NOTE: Registered Agent signature required when reinstating) ILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME ONOZ. OSVALDO JUAN NAME STREET ADDRESS 6400 S. W. 93RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Addition Change TITLE ☐ Delete D NAME NAME CEPERO, TEODOSIO STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ONOZ, TERESITA NAME NAME STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Addition ☐ Delete TITLE TITLE NAME CEPERO, ANA MARIE NAME STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-7(P CITY-ST-ZIP MIAMI FL 33173 ☐ 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 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an alidress, with all other like empowered.

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