200● UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90460 019 ***150.00

DOCUMENT # P94000072580

1. Entity Name: WESTAR MEDIA, INC ✓

Principal Place of Business	Mailing Address
21000 NE 28 AVE SUITE 204 AVENTURA, FL 33180	SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7200 GRIFFIN RD.	7200 GRIFFIN RD
Suite, Apt. #, etc.: SUITE 5E	Suite, Apt. #, etc.: SUITE 5E
City & State: DAVIE, FL.	City & State: DAVIE, FL.
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number: 550057228 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RONALD FIELDSTONE 200 S. BISCAYNE BLVD STE 2100 MIAMI, FL 33131	Name: JOSÉ GRULLÓN Street Address (P.O. Box Number Is Not Acceptable): 7200 GRIFFIN RD SUITE 5E City: DAVIE **FL** Zip Code: 33314

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 X [signature] 1-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CATHERINE HUNT 21000 NE 28 AVE #204 AVENTURA, FL 33180 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT & DIRECTOR JOSE GRULLON 7200 GRIFFIN RD SUITE 5E DAVIE, FL 33314 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D PASCAL LASRY 21000 NE 28 AVE #204 AVENTURA, FL 33180 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES, & SECT & DIRECTOR MARCIA GRULLON 7200 ☒ 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
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 1-22-01 305 682-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSE GRULLON, PRES. Date Daytime Phone #