

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072580

Entity Name
WESTAR MEDIA, INC

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90460 019 ***150.00

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

Mailing Address
SAME

2. Principal Place of Business
7200 GRIFFIN RD.
Suite, Apt. #, etc.
SUITE 5E

3. Mailing Address
7200 GRIFFIN RD
Suite, Apt. #, etc.
SUITE 5E

DO NOT WRITE IN THIS SPACE

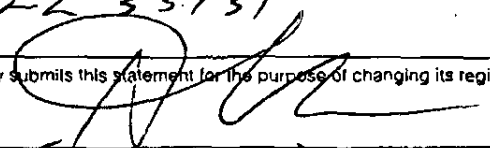
City & State
DAVIE, FL.
Zip
33314
Country
USA

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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
RONALD FIELD STONE
200 S. BISCAYNE BLVD
STE 2100
MIAMI, FL 33131

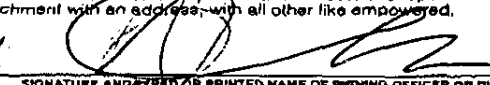
7. Name and Address of New Registered Agent
Name
JOSE GRULLON
Street Address (P.O. Box Number Is Not Acceptable)
7200 GRIFFIN RD
SUITE 5E
City
DAVIE
FL
Zip Code
33314

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  DATE 1-22-01
(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
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	PRES	☒ Delete	TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	CATHERINE HUNT		NAME	JOSE GRULLON	
STREET ADDRESS	21000 NE 28 AVE - #204		STREET ADDRESS	7200 GRIFFIN RD SUITE 5E	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	V D	☒ Delete	TITLE	V. PRES & SECT & DIRECTOR	☒ Change ☐ Addition
NAME	PASCAL LARRY		NAME	MARCIA GRULLON	
STREET ADDRESS	21000 NE 28 AVE #204		STREET ADDRESS	7200	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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:  DATE 1-22-01
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE GRULLON, PRES
305682-8401