

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P95000001995*

02 JUL 30 AM 8:32

1. Entity Name

MIXED MEDIA OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600006880716--7

-08/05/02--01002--020

****150.00 ****150.00

2. Principal Place of Business

937 NE. 19TH AVENUE

3. Mailing Address

20320 NE 3RD CT. #12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

N.M.B. FL

4. FEI Number

65-0543991

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JACOBS, LIBBY A

Street Address (P.O. Box Number is Not Acceptable)

20320 N.E. THIRD COURT, APT. 12

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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IN THIS SPACE**

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D JACOBS, LIBBY A
20320 N.E. 3RD COURT, APT 12
NORTH MIAMI BEACH, FL 33179*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

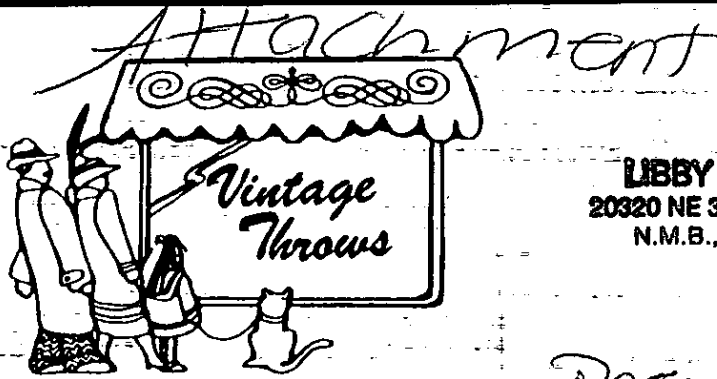
SIGNATURE:

Libby Jacob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02
Date

954-522-4113
Daytime Phone #

CR2E034B (12/01)



LIBBY JACOBS
20320 NE 3RD CT., NO 12
N.M.B., FL 33179

P95000001995

Hello,

I never received the original report
to file on time.

Please accept these two checks
for 2001 & 2002 without the
penalties. It was always my
intention to file in a timely manner.

I hope I receive the report
on time next year.

I'll appreciate your consideration!
Thanking you in advance,

Libby Jacobs