

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000079664**

1. Entity Name

ZMA MEDIA, INC.**FILED****Apr 18, 2000 8:00 am**
Secretary of State

04-18-2000 90203 042 ***150.00

Principal Place of Business

Mailing Address

10500 SOUTHWEST 134TH STREET, SUITE 2000
MIAMI FL 33176**10500 SOUTHWEST 134TH STREET, SUITE 2000**
MIAMI FL 33176-6041

2. Principal Place of Business

230 Palermo Ave

3. Mailing Address

230 Palermo Avenue

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables FL

City & State

Coral Gables, FL

Zip

33134

Country

Dade

Zip

33134

Country

Dade

4. FEI Number

65-0698249

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

ZEVALLOS, ALEJANDRO R**230 Palermo Avenue****2nd Floor****Coral Gables, FL 33134**

Name

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

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **ZEVALLOS, ALEJANDRO R**
STREET ADDRESS **10500 SOUTHWEST 134TH STREET, SUITE 2000**
CITY-ST-ZIP **MIAMI FL 33176**TITLE **D** ☒ Change ☐ Addition
NAME **Zevallos, Alejandro R.**
STREET ADDRESS **230 Palermo Ave 2nd Floor**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #