

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90037 019 ***150.00

DOCUMENT # P96000079664

1. Entity Name
ZMA MEDIA, INC.

Principal Place of Business

**230 PALERMO AVENUE
 2 FLOOR
 MIAMI FL 33134**

Mailing Address

**230 PALERMO AVENUE
 2 FLOOR
 MIAMI FL 33134**

815732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**443 ESPANOLA WAY
 SUITE 203
 MIAMI BEACH FL
 33139**

3. Mailing Address

**443 ESPANOLA WAY
 SUITE 203
 MIAMI BEACH FL
 33139**

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

**ZEVALLOS, ALEJANDRO R
 230 PALERMO AVENUE
 2 FLOOR
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **ZEVALLOS, ALEJANDRO R**
 Street Address (P.O. Box Number is Not Acceptable)
**443 ESPANOLA WAY
 SUITE 203**
 City **MIAMI BEACH** FL Zip Code **33139**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZEVALLOS, ALEJANDRO R	
STREET ADDRESS	230 PALERMO AVENUE 2 FLOOR	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEVALLOS, ALEJANDRO R.	
STREET ADDRESS	443 ESPANOLA WAY	
CITY-ST-ZIP	SUITE 203	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAMI BEACH FL	
STREET ADDRESS	33139	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alejandro R. Zevallos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

305.672.4332

Daytime Phone #

CR2E034 (10/00)