

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020708

1. Entity Name  
**AEQ BROADCAST INTERNATIONAL, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90014 034 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>2660 S.W. 87 AVENUE<br>DAVIE FL 33328 | Mailing Address<br>2660 S.W. 87 AVENUE<br>DAVIE FL 33328-1208 |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip | Country | Country |
|--|--|---------|---------|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0755529</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

**GERARDO VARGAS**  
**2670 SW 87TH AVE**  
**DAVIE FL 33328**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 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 |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|---|---|---------------------------------|------|----------------------|--|----------------|---------------------|--|-------------|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROGELIO DE LA FUENTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2660 S.W. 87 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE FL 33328</td> <td></td> </tr> </table> | TITLE   | PD  | <input type="checkbox"/> Delete | NAME | ROGELIO DE LA FUENTE |  | STREET ADDRESS | 2660 S.W. 87 AVENUE |  | CITY-ST-ZIP | DAVIE FL 33328 |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PD  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | ROGELIO DE LA FUENTE                                  |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 2660 S.W. 87 AVENUE                                   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | DAVIE FL 33328  |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VARGAS, GERARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2660 S.W. 87 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE FL 33328</td> <td></td> </tr> </table>      | TITLE   | TD  | <input type="checkbox"/> Delete | NAME | VARGAS, GERARDO      |  | STREET ADDRESS | 2660 S.W. 87 AVENUE |  | CITY-ST-ZIP | DAVIE FL 33328 |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | TD  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | VARGAS, GERARDO                                       |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 2660 S.W. 87 AVENUE                                   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | DAVIE FL 33328  |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANCHO, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2660 S.W. 87 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE FL 33328</td> <td></td> </tr> </table>       | TITLE   | SD  | <input type="checkbox"/> Delete | NAME | SANCHO, MIGUEL       |  | STREET ADDRESS | 2660 S.W. 87 AVENUE |  | CITY-ST-ZIP | DAVIE FL 33328 |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | SD  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | SANCHO, MIGUEL  |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 2660 S.W. 87 AVENUE                                   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | DAVIE FL 33328  |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                      |  | STREET ADDRESS |                     |  | CITY-ST-ZIP |                |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                      |  | STREET ADDRESS |                     |  | CITY-ST-ZIP |                |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                     |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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: Gerardo Vargas **REQUIRED** Date: 4-24-00 Daytime Phone #: 854 424 0203

CR2E034 (9/99)