

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000044659**

1. Entity Name

**HUDSON INTERNATIONAL MEDIA CORPORATION**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90306 049 \*\*\*150.00

Principal Place of Business

**4815 SAN AMARO DRIVE  
CORAL GABLES FL 33146**

Mailing Address

**4815 SAN AMARO DRIVE  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0754910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUDSON-FERNANDEZ, CYNTHIA D  
4815 SAN AMARO DRIVE  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address

City

**FL**

8. The above named entity submits this

report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NO 10: Registered Agent sig. required when re-registering)

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P  
HUDSON-FERNANDEZ, CYNTHIA D  
4815 SAN AMARO DRIVE  
CORAL GABLES FL 33146**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

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☐ Change ☐ Addition

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 #

CR2E034 (10/00)