

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 016 ***150.00

DOCUMENT # P97000062536

1. Entity Name

MEDIACTIVE COMMUNICATIONS ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5005 COLLINS AVENUE

Suite, Apt. #, etc.

605

3. Mailing Address

5005 COLLINS AVENUE

Suite, Apt. #, etc.

605

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

650770218

Applied For

Not Applicable

Zip

33140

Country

DADE

Zip

33140

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROSENDO A. ALVAREZ

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

5005 COLLINS AVENUE

SUITE 605

City

MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE
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	PD
NAME	ROSENDO A. ALVAREZ
STREET ADDRESS	5005 COLLINS AVE. SUITE 605
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	FRANCISCO A. ALVAREZ
STREET ADDRESS	5005 COLLINS AVE. SUITE 605
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	TSD
NAME	ADAN ALVAREZ
STREET ADDRESS	5005 COLLINS AVE. SUITE 605
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2002 305 823-6227

Date

Daytime Phone #

CR2E034B (12/01)