## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P97000096450 1. Entity Name RAW MEDIA INC. 02-05-2002 90189 023 \*\*\*150.00 Principal Place of Business Mailing Address 3021 S.W. 134TH COURT 3021 S.W. 134TH COURT **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Beickeu BRICKELL BAY DRIVE Suite, Apt. #, etc. # 929 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0793330 MIAM ot Applicable. MIAMI Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABRIA, WALFREDO I Street Address (P.O. Box Number is Not Acceptable) # 929 3021 S.W. 134TH COURT PRICKEU BAY **MIAMI FL 33175** Zip Cöde 33/3/ CITY MIAMI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE □ Delete SABRIÁ WALFREDO NAME SABRIA, WALFREDO I NAME 905 BRICKELL BAY DRIVE STREET ADDRESS 3021 S.W. 134TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete VTS TITLE Change ☐ Addition SABRIA, WALFEEDO I NAME Sabria, Walfredo I BRICKELL BAY DRIVE STREET ADDRESS 3021 S.W. 134TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP FU 33131 ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP-

NAME

- WALFREDO I. SABRIA **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP