

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039633

1. Entity Name
CASH APPEAL MULTIMEDIA, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90161 008 ***150.00

Principal Place of Business 1355 MERIDIAN AVENUE SUITE 4 MIAMI BEACH FL 33139	Mailing Address 1355 MERIDIAN AVENUE SUITE 4 MIAMI BEACH FL 33139
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2. Principal Place of Business 1046 Michigan Ave Suite, Apt. #, etc. Suite 12 City & State Miami Beach FL	3. Mailing Address 1046 Michigan Ave Suite, Apt. #, etc. Suite 12 City & State Miami Beach, FL
Zip 33139 Country US	Zip 33139 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0831519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMAHON, CASH 1355 MERIDIAN AVENUE SUITE 4 MIAMI BEACH FL 33139	
7. Name and Address of New Registered Agent Name CASH MCM-AHON Street Address (P.O. Box Number is Not Acceptable) 1046 Michigan Ave #12 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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MCMAHON, CASH STREET ADDRESS 1355 MERIDIAN AVENUE SUITE 4 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)