

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90046 038 \*\*\*150.00

DOCUMENT # **P98000072798**

1. Entity Name

**MILLENIUM MEDIA GROUP, INC.**



**DO NOT WRITE IN THIS SPACE**

**90002061**

2. Principal Place of Business  
**6800 SW 40th Street**

3. Mailing Address  
**6800 SW 40th Street**

Suite, Apt. #, etc.  
**PMB 408**

Suite, Apt. #, etc.  
**PMB 408**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33155**

Country  
**U.S.A**

Zip  
**33155**

Country  
**U.S.A**

4. FEI Number  
**650994410**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**LAWRENCE IYOH**

Street Address (P.O. Box Number is Not Acceptable)  
**1629 NW 84th AVENUE**

City  
**MIAMI** **FL** Zip Code  
**33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**SUZUYO FOX**  
**6800 SW 40th Street, PMB 408**  
**MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**01/07/03**

**305-662-5959**

Date

Daytime Phone #

CR2E034B (12/02)