2003 FOR PROFIT CORPORATION

Mailing Address

S323

104 CRANDON BLVD

UNIFORM BUSINESS REPORT (UBR) P98000092419 **DOCUMENT #** 1. Entity Name MEDIA WORLD, INC.

Principal Place of Business

104 CRANDON BLVD

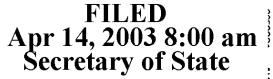
S323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



04-14-2003 90383 045 ***150.00

TAATALAA

KEY BISCAYNE FL 33149-1540 US			KEY BISCAYNE FL 33149-1540 US							
2. Principal F	Place of Busin		3. Mailing Address							
2655 le Jeune Road			260 crondon blud.							
Suite, Apt. #, etc. Suite 400			Suite, Apt. #, etc. 5.32#68			☐ CHECK HERE IF MAKING CHANGES				
City & State Coral Gables, FL			City & State Key Biscoyne, FL		•	4. FEI Number 65-	0872434	⊢ →	pplied For lot Applicable	}
Zip 33134 Country US			Zip 33149	Country US		5. Certificate of Statu	s Desired	\$8.75 Ac Fee Requir]
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
		<u> </u>			- Name					
HUGUET, ROGER 104 CRANDON BLVD					Street Address (P.O. Box Number is Not Acceptable)					
	ADON BLAD	:		-						
S-323					Suite 32 #68					
KEY BISCAYNE FL 33149					Key !	Biscoyne,		FL Zip Co	di 49	
	e named entity tiops of regist		the purpose of changing its	registered offic	e or registere	ed agent, or both, in the	State of Florida.	I am familiar with	, and accept	
SIGNATURE !		1						4110103		
		or printed agent a	nd title if applicable. (NOTI	E: Registered Agent t	signature required v	when reinstating)		DATE		1
FILE NOW!!! FEE IS \$150.00						9. Election C	ampaign Financir	ng \$5 .1	00 May Be	
	• .	3 Fee will be \$550.00 Florida Department of	State			•	Contribution.	~ _ +	d to Fees	
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTOR	RS IN 11	1
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition