

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90383 045 ***150.00

DOCUMENT # P98000092419

1. Entity Name
MEDIA WORLD, INC.



Principal Place of Business
**104 CRANDON BLVD
S323
KEY BISCAYNE FL 33149-1540
US**

Mailing Address
**104 CRANDON BLVD
S323
KEY BISCAYNE FL 33149-1540
US**

2. Principal Place of Business
2655 Le Jeune Road

3. Mailing Address
260 Crandon blvd.

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
S.32#68

City & State
Coral Gables, FL

City & State
Key Biscayne, FL

Zip
33134

Country
US

Zip
33149

Country
US

4. FEI Number
65-0872434

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUGUET, ROGER
104 CRANDON BLVD
S-323
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
260 Crandon blvd.
Suite 32 #68
City **Key Biscayne, FL** Zip Code **33149**

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 DATE **4/10/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 | D HUGUET, ROGER 104 CRANDON BLVD S323 KEY BISCAYNE FL 33149-1540 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 260 Crandon blvd. S.32#68 Key Biscayne, FL 33149 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)