

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90275 048 \*\*\*150.00

**DOCUMENT # P99000039780**

1. Entity Name.  
**ACANTHUS MEDIA, INC.**

Principal Place of Business

**9761 FERN LANE  
 MIRAMAR FL 33025**

Mailing Address

**9761 FERN LANE  
 MIRAMAR FL 33025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9965 Miramar Pkwy  
 Suite, Apt. #, etc.  
 #105**

3. Mailing Address

**9965 Miramar Pkwy  
 Suite, Apt. #, etc.  
 #105**

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

4. FEI Number

**65-0932229**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**33025**

Country

**Broward**

Zip

**33025**

Country

**Broward**

6. Name and Address of Current Registered Agent

**RABESS, ALICIA  
 9761 FERN LANE  
 MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name **Alicia Rabess Vasquez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9965 Miramar Pkwy  
 #105**  
 City **MIRAMAR** FL Zip **33025**

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

*Alicia Rabess Vasquez* **Alicia Rabess Vasquez**

**May 1, 2002**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS RABESS VASQUEZ, ALICIA 9761 FERN LANE MIRAMAR FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT VASQUEZ, ANDRES 9761 FERN LANE MIRAMAR FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS Rabess-Vasquez, ALICIA 9965 MIRAMAR PKWY #105 MIRAMAR FL 33025</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT ANDRES VASQUEZ 9965 MIRAMAR PKWY #105 MIRAMAR FL 33025</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Alicia Rabess Vasquez*  
**Alicia Rabess Vasquez**

**May 1, 2002**

Date

Daytime Phone #

U1350003 AV

CR2E034 (9/01)