


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 022 \*\*\*150.00

**DOCUMENT # P99000039780**  
1. Entity Name  
**ACANTHUS MEDIA, INC.**



Principal Place of Business  
**9965 MIRAMAR PKWY #105  
MIRAMAR, FL 33025**

Mailing Address  
**9965 MIRAMAR PKWY #105  
MIRAMAR, FL 33025**

2. Principal Place of Business  
**9761 FERN LANE**  
Suite, Apt. #, etc.  
**Miramar**  
City & State  
**FL**

3. Mailing Address  
**9761 FERN LANE**  
Suite, Apt. #, etc.  
**Miramar**  
City & State  
**FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0932229**

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

5. Name and Address of Current Registered Agent  
**RABESS, ALICIA**  
**9965 MIRAMAR PKWY #105**  
**MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent  
Name  
**Alicia Rabess**  
Street Address (P.O. Box Number is Not Acceptable)  
**9761 FERN LANE**  
~~8470 CRESCENT~~ error  
City  
**Miramar** FL Zip Code  
**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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Alicia Rabess* DATE **April 30, 2003**

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when registering.)

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS</b><br><b>RABESS VASQUEZ, ALICIA</b><br><b>9965 MIRAMAR PKWY #105</b><br><b>MIRAMAR, FL 33025</b>                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9761 FERN LANE</b><br><b>MIRAMAR FL 33025</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>VT</b><br><b>VASQUEZ, ANDRES</b><br><b>9965 MIRAMAR PKWY #105</b><br><b>MIRAMAR, FL 33025</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9761 FERN LANE</b><br><b>MIRAMAR FL 33025</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(1), 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: *Alicia R Vasquez* DATE: **April 30, 2003** DAYTIME PHONE #: **954 815 8693**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)