2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P9900056022 DOCUMENT

1. Entity Name

RADIO X INTERNATIONAL, INC.



FILED May 07, 2003 8:00 am Secretary of State

05-07-2003 90162 032 ***550.00

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Principal Plac		Mailing Address							
*WESTON TOWN CENTER BUILDING		1725 HARBORVIEW CIRCLE				- w 			يسميده مقت
WEST OFFICE SUITE 229 WESTON FL 33327		WESTON FL 33327							
WESTON FL 3	13327								
2 Principal S	Place of Rusinose	3. Mailing Address							
2. Principal Place of Business 1725 MAIN STREET		1725 MAIN STREET							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_			
Suite 229		SUITE 229				☐ CHECK HERE I	F MAKING (CHANGES	
City & State		City & State			4. FEI Numb	er occooo		TAP	plied For
Weston 7L		WESTON FL				65-0999987			t Applicable
Zip 33321	6 Country	^{Zip} 33326	Countr US	· _	5. Certificate	e of Status Desired		8.75 Add	
0376	6. Name and Address of Current		<u> </u>	4	7 Name and	d Address of New Re			
	6. Name and Address of Current	negistered Agent		Name	7. Name and	J Address of New He	gistered A	Jesti	
CARE7A	MANUEL E ESO					1			
CABEZA, MANUEL É ESQ. 338 MINORCA AVENUE		Street Addres		dress (P.O. Box Numb	ss (P.O. Box Number is Not Acceptable)				
	- · ·		-						
CORAL G	ABLES FL 33134								
			-	City		· · · · · ·	FL	Zip Code	e
8 The above	named entity submits this statement for	r the purpose of changing its	registered	Loffice or re	enistered agent, or bo	th, in the State of Flor		miliar with	and accent
	tions of registered agent.	tale purpose of origing as	, ,	011100 01 10	agistered agent, or be	an, in the diale of the	iou, juilita	111111CA 991C/11	uno docopt
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered /	Agent signature	required when reinstating)	·• ·	DATE		
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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.

SIGNATURE:

AUSTA INGONASTATION URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR