FILED
Jun 12, 2002 8:00 am
Secretary of State
05-21-2002 91165 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073902

1. Entity Name

Programmable Media.Com Inc.

DO NOT WRITE IN THIS SPACE

35031

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 NW 72Nd. Ave.	1150 NW 72Nd. Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami, FL.	City & State Miami, FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 65-0942098 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joaquin DeSoto

Street Address (P.O. Box Number is Not Acceptable)

1150 NW 72Nd. Ave. Suite 200

City Miami FL Zip Code 33126

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 [signature] 04-30-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP	TITLE	
NAME	Manuel E. Menendez	NAME	
STREET ADDRESS	176 Paloma Drive	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL. 33143	CITY-ST-ZIP	
TITLE	PVP	TITLE	
NAME	Joaquin De Soto	NAME	
STREET ADDRESS	8236 Los Pinos Circle	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL. 33143	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Jorge F. Miranda	NAME	
STREET ADDRESS	173 Gavilan Ave	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33143	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joaquin DeSoto 04-30-02 (305) 596-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President — Date — Daytime Phone #