## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am DOCUMENT # 1. Entity Name **Secretary of State** MEDIA TRADING INC. 04-25-2001 90373 019 \*\*\*150.00 Principal Place of Business Mailing Address 6405 NW 36 Street 6405 NW 36 Street 40056683 Suite 133 Suite 133 Miami, Florida 33166 Miami, Florida 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0947396 Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Pedro Luiz Mees Street Address (P.O. Box Number is Not Acceptable) MURATA, YUNOSUKI 11822 SW 99 Street 847 NW 119 Street Suite 205 Zip Code Miami, Fl Miami 33186 8. The above named ex statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida April 9,2001 Pedro Luiz Mees - Manager SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Addition CR2E034 (11/00) TITLE ☐ Delete TITLE PTD **™** Change PTSD NAME MURATA, YUNOSUKI 847 N.W. 119 Street, Suite 205 MURATA, YUNOSUKI STREET ADDRESS STREET ADDRESS 847 N.W. 119 Street CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33168 Miami, Fl 33168 ☐ Delete Change Addition VSD NAME NAME ARTUR OGURI JUNIOR 847 N.W. 119 Street, Suite 205 ARTUR OGURI JUNIOR STREET ADDRESS STREET ADDRESS 847 N.W. 119 Street Miami, Fl 33168 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33168 Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

Date

Yunosuki Murata

Daytime Phone #