

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90008 048 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # <i>P99000093019</i>			
1. Entity Name <i>New Media Productions, Inc</i>			
Principal Place of Business <i>232 S.W. 102 Ave.</i>		Mailing Address <i>Miami Florida 33174</i>	
2. Principal Place of Business <i>232 S.W. 102 Ave.</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami FL 33174</i>		City & State	
Zip <i>33174</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>65-0994418</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Jorge Gavarria</i> <i>9769 S Dixie Hwy. #101</i> <i>Miami Florida 33156</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <i>P.D. Raymond Del Ray</i> <input type="checkbox"/> Delete STREET ADDRESS <i>131 West Okincho Ave. Rd. #200</i> CITY-ST-ZIP <i>Miami, Florida 33010</i>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <i>Marcos Curbacion, UP, D.</i> <input type="checkbox"/> Delete STREET ADDRESS <i>232 S.W. 102 Ave.</i> CITY-ST-ZIP <i>Miami Florida 33174</i>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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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: <i>Marcos Curbacion</i>		Date <i>Sept 11, 2001</i> 305-666-8844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (11/00)