

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91880 029 ***150.00

DOCUMENT # P99000097514 *NE*
1. Entity Name
WEBDESIGN2020.COM, INC.
SDC MEDIA, INC.



Principal Place of Business
21951 N.E. 18TH STREET
SUITE 2004
AVENTURA FL 33180

Mailing Address
PO BOX 2926
HALLANDALE FL 33008



2. Principal Place of Business
2085 IXORA ROAD

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI

Zip 33181 **Country** DADE

4. FEI Number 65-0961241

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

6. Name and Address of Current Registered Agent

VANDEWOUW, DAVE
2951 N.E. 185 STREET
SUITE 2004
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name VANDEWOUW, DAVE
Street Address (P.O. Box Number is Not Acceptable) 2085 IXORA ROAD
City MIAMI FL Zip Code 33181

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 *[Signature]* VANDEWOUW **DATE** 4-30-3

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	VANDEWOUW, DAVE	
STREET ADDRESS	2951 N.E. 185 STREET -SUITE 2004	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEVENS, RONALD	
STREET ADDRESS	17911 COLLINS AVENUE -SUITE 1208	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VANDERLEM, STANLEY	
STREET ADDRESS	17911 COLLINS AVENUE -SUITE 1608	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VANDEWOUW, PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2085 IXORA ROAD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE 4-30-3 **DAYTIME PHONE** 305-7886270

CR2E034 (10/02)