

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90089 032 ***150.00

DOCUMENT # P99000102728

1. Entity Name
K C MULTIMEDIA, INC.



Principal Place of Business

~~7570 N.W. 36TH STREET~~
~~SUITE 2100~~
~~MIAMI FL 33166~~

Mailing Address

~~7570 N.W. 36TH STREET~~
~~SUITE 2100~~
~~MIAMI FL 33166~~

2. Principal Place of Business

1550 S. DIXIE HWY
Suite, Apt. #, etc.
#219

3. Mailing Address

1550 S. DIXIE HWY
Suite, Apt. #, etc.
#219

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33146-3034

Country

USA

Zip

33146-3034

Country

USA

4. FEI Number

65-0965153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERECEDA, KEMEL A
8390 S.W. 72ND COURT
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

CERECEDA, KEMEL A

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

1550 S. DIXIE HWY

#219

City

CORAL GABLES

FL

Zip Code

33146

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

KEMEL A. CERECEDA

REGISTERED AGENT

02/20/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CERECEDA, NORA T**
STREET ADDRESS **3708 N.W. 12 STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **CERECEDA, NORA T.**
STREET ADDRESS **1550 W. S. DIXIE HWY. #219**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

NORA T. CERECEDA

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)