

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90094 022 \*\*\*150.00

**DOCUMENT # S58647**

1. Entity Name  
**FIRST MEDIA DIRECT, INC.**

Principal Place of Business  
**6900 YUMURI ST  
 SECOND FL  
 CORAL GABLES FL 33146  
 US**

Mailing Address  
**6900 YUMURI ST  
 SECOND FL  
 CORAL GABLES FL 33146  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0270392**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMSON, PARKER D.  
 ONE SOUTHEAST THIRD AVENUE  
 SUITE-1700  
 MIAMI FL 33131**

Name **"New address only"**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1111 Brickell Avenue Suite 1900**  
**Borclays Financial Center**  
 City **MIAMI** FL Zip Code **33131**

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPST**  
 STREET ADDRESS **DALY, MARGARET T**  
 CITY-ST-ZIP **6900 YUMURI ST SECOND FL  
 CORAL GABLES FL 33146**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **THOMSON, PARKER D**  
 CITY-ST-ZIP **ONE S.E. THIRD AVENUE, SUITE 1700  
 MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1111 Brickell Avenue Suite 1900**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **MOREIRA, MAGDA T**  
 CITY-ST-ZIP **6900 YUMURI STREET 2ND FLOOR  
 MIAMI FL 33146**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6900 Yumuri St. Second FL**  
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 address, with all other like empowered.

SIGNATURE:

**President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/02**  
 Date

**305-661-4969**  
 Daytime Phone #

CR2E034 (9/01)