2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

V30333 DOCUMENT

1. Entity Name



FILED

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90159 042 ***150.00 RADIO MIAMI INTERNATIONAL, INC. Principal Place of Business Mailing Address 175 FONTAINBLEAU BLVD 175 FONTAINBLEAU BLVD SUITE 1N4 SUITE 1N4 **MIAMI FL 33172** MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0335227 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAS, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 10441 S.W. 187 ST. **MIAMI FL 33157** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE WHITE, JEFF NAME NAME 9756 NW 4TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE ESPINOSA, INDALECIO NAME NAME STREET ADDRESS 4485 W. 4TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE Delete -TITLE ☐ Change ☐ Addition PERNAS, DELFIN NAME NAME STREET ADORESS 114 S.W. 125 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME EATON, ELSA NAME 201 CRANDON BLVD. #904 STREET ADDRESS STREET ADDRESS CITY-ST-7IP KEY BISCAYNE FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.