

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V44405**

1. Entity Name
SOBE NEWS, INC.

Principal Place of Business

**404 WASHINGTON AVE
SUITE 650
MIAMI BEACH FL 33139
US**

Mailing Address

**404 WASHINGTON AVE
SUITE 650
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITMAN, NEAL S., ESQ.

**2900 SW 28TH TERR 2ND FL
GROVE-PLAZA
MIAMI FL 33133**

Name

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

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PT**
STREET ADDRESS **POWERS, JERRY**
CITY-ST-ZIP **404 WASHINGTON AVE SUITE 650**
MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME **700004703307-4**
STREET ADDRESS **-12/04/01--01010--022**
CITY-ST-ZIP ******750.00 ****750.00**

TITLE ☐ Delete
NAME **VPS**
STREET ADDRESS **POWERS, SANDI**
CITY-ST-ZIP **404 WASHINGTON AVE SUITE 650**
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 14 PM 2:34

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0356771**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

0040856 AV

CR2E034 (5/01)

9/30/01

305-532-2544