

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90175 003 ***150.00

DOCUMENT # V57955

1. Entity Name
FRENCH MEDIA INC.



Principal Place of Business
1635 S. 21ST AVE.
HOLLYWOOD FL 33020
US

Mailing Address
1635 S. 21ST AVE.
HOLLYWOOD FL 33020
US

2. Principal Place of Business

3. Mailing Address

127 L'ASSOMPTION

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
REPENTIGNY

4. FEI Number **65-0354813**

Applied For

Not Applicable

Zip

Country

Zip

Country

J6A 1A3

CANADA

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

D'ANJOV, RENE
401 GOLDEN ISLES DRIVE
212
HALLANDALE FL 33009

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PETIT, ISABELLE	
STREET ADDRESS	6820 PIERRE GADDS	
CITY-ST-ZIP	127 L'ASSOMPTION MONTREAL QB CN H1M 2X0 CANADA J6A 1A3	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/2003 (514) 502-6552

Date

Daytime Phone #

CR2E034 (10/02)