

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096623

Entity Name: HIP DOT MEDIA, INCORPORATED**Current Principal Place of Business:**320 S FLAMINGO RD
STE 349
PEMBROKE PINES, FL 33027**Current Mailing Address:**320 S FLAMINGO RD
STE 349
PEMBROKE PINES, FL 33027 US**FEI Number:** 26-1201779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETANCOURT, ELLIOT
320 S FLAMINGO RD
STE 349
PEMBROKE PINES, FL 33027 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	BETANCOURT, ELLIOT
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

Title	DIR
Name	BETANCOURT, LILIETH O
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

Title	P
Name	BETANCOURT, ELLIOT
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

Title	VP
Name	BETANCOURT, LILIETH O
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

Title	SEC
Name	BETANCOURT, LILIETH O
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

Title	TREA
Name	BETANCOURT, LILIETH O
Address	320 S FLAMINGO RD STE 349
City-State-Zip:	PEMBROKE PINES FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLIOT BETANCOURT**DIRECTOR****03/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date