ANNUAL REPORT

Mar 22, 2004 8:00 am **DOCUMENT # F97000005989** Secretary of State 1. Entity Name MEDÍA INTERNATIONAL, INC. 03-22-2004 90060 010 ***158.75 Principal Place of Business Mailing Address 3418 N OCEAN BLVD 3418 N OCEAN BLVD **STE 122** STE 122 34033300 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Cho-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0759709 Not Applicable Zin Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, DAVID Street Address (P.O. Box Number is Not Acceptable) 3418 N OCEAN BLVD **SUITE 122** FT LAUDERDALE, FL 33308 City FI 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 funer of printed frame of registered agent and title if applicable. (NOTE: Flegistered Agent slatisture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD TITLE ☐ Delete TITLE Change Addition HARRISON, DAVID NAME NAME STREET ADDRESS 7781 NW 29TH STREET STRÉET ADDRÉSS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Delete → [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS 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 suppliemental 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 attature of the chapter of the chapter

SIGNATURE:

18. March: 04

954.572.9545

FILED