

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91791 043 ***150.00

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DOCUMENT # P00000051729

1. Entity Name
NETWORK MEDIA INT'L., INC.



Principal Place of Business
18271 NE 4 CT
MIAMI FL 33162
US

Mailing Address
1635 NW 130 ST
NORTH MIAMI FL 33167
US



2. Principal Place of Business
1944 NE 151 ST.

3. Mailing Address
1635 NW 130 ST

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
N. MIAMI FL.

City & State
N. MIAMI FL.

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country Zip Country
33162 U.S.A. **33167 U.S.A.**

6. Name and Address of Current Registered Agent
MASSAC, ANDREW F
1635 N.W. 130 STREET
NO. MIAMI FL 33167

7. Name and Address of New Registered Agent
Name **ANDREW F. MASSAC**
Street Address (P.O. Box Number is Not Acceptable)
1635 NW 130 ST.
City **N. MIAMI** FL Zip Code **33167**

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 DATE **4/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSAC, ANDREW F	NAME	
STREET ADDRESS	1635 N.W. 130 STREET	STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI FL 33167	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSAC, MAX E	NAME	
STREET ADDRESS	1635 N.W. 130 STREET	STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI FL 33167	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ERROL	NAME	
STREET ADDRESS	1635 N.W. 130 STREET	STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI FL 33167	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: DATE **4/20/03** DAYTIME PHONE # **786-390-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)