2003

FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90150 004 ***150.00

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DOCUMENT # P02000084038						
PUMP MEDIA INC.						
			V Court	5. c 18.		
	DO NOT WRITE	IN THIS S	PACE			
Principal Place of Business 4951 NW, 23RD COURT		3. Mailing Address 4951 NW, 23RD COURT				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA		4. FEI Number 76-0707173	Applied For Not Applicable	
Zip 33431	Country U.S.A.	Zip 33431	Country U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			"Name" Name	7. Name and Address of Current Registered Agent Name MUSA S. RAZA		
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE 4951 NW, 23RD COURT						
				RATON	FL Zip Code 33431	
8. The above named entity bubmits 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 figure of registered agent and tife if application. INVIE: Registered Agent signature required when representation.						
January 1 - May 1 - Fed is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be						
<u> </u>	Amended UBR is \$61,25 k Payable to Florida Department of the second seco	3		Trust Fund Contribution	Added to Fees	
TITLE	PD OFFICERS AND D	DIRECTORS	lime la la la		(12/02)	
NAME STREET ADDRESS	MUSA S. RAZA 4951 NW,23RD AV, BOCA RATON, FL. 33431		NAME SIREET ADDRESS		48 (12	
CITY-ST-ZIP TITLE	VD		Cnyssi-zir		CRZE034B	
NAME STREET ADDRESS	HELAINE SCHONBERGER		NAME STREET ADDRESS		6	
CHY-ST-ZIP TITLE	STD	10N, 1 L. 0049	Onto the contract of the contr			
name Street address	ALMAS RAZA		NAME STREET ADDRESS	And the second s	The second section of the sect	
CHTY-ST-ZIP	4951-NW;23RD-AV; BOCA	RATON, FL. 3343	MLE TOP	DO NOT	17 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME STREET ADDRESS			NAMES STREET ADDRESS	IN THIS S	PACE	
CITY-ST-ZIP		<u> </u>	Crity-St-ZiP			
NAME STREET ADDRESS			NAME OTRECT INDIFFERO			
CITY-ST-ZIP			STREET ADDRESS -			
TITLE NAME		\bigcap	MAME NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier enter report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 on an attachment with an address, with all other like empowered.						
SIGNATURE: MUSA S. RAZA, PRESIDENT 08/27/2003 561-654-6357						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #						

ATTACKMENT #P02000084038 80147983

PUMP MEDIA INC 4951 NW, 23RD COURT BOCA RATON, FL. 33431

August 27, 2003

To,

Uniform Business Report Division of Corporation P.O. Box 1500 Tallahassee, fl. 32302

Re. Document # P02000084038 Pump Media Inc.

Dear Sir/Madam,

Enclosed please find a check in the amount of \$ 150.00 in reference to the renewal fees for 2003 Uniform Business Report. I did not receive the original form as my mailing address has changed and this being my first time, I was unaware that I have to pay \$ 150.00 every year to renew my corporation.

I apologize for the inconvenience caused to you.

Thank you,

Musa \$. Raza

truly yours

President