2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# P04000007780

Entity Name: WAVE DIRECT MEDIA, INC.

Current Principal Place of Business:

1404 SW 48TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

1616-102 W. CAPE CORAL PKWY
PMB#243
CAPE CORAL, FL 33914

Current Mailing Address:

PMB #243
1616-102 W. CAPE CORAL PKWY.
CAPE CORAL, FL 33914

New Mailing Address:

1616-102 W. CAPE CORAL PKWY.
PMB#243
CAPE CORAL, FL 33914

FEI Number: 20-0577528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARCLAY, JANA
1404 SW 48TH TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CHEYNE, ROB
1616-102 W. CAPE CORAL PKWY.
PMB#243
CAPE CORAL, FL 33914 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: ROB CHEYNE 02/03/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARCLAY, JANA
Address: 1404 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: CEOD ( ) Delete
Name: CHEYNE, ROB
Address: 4319 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: STD (X) Delete
Name: PLATTEN, KAREN
Address: 1040 SE 11TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHEYNE, ROB
Address: 1616-102 W. CAPE CORAL PKWY , PMB#243
City-St-Zip: CAPE CORAL, FL 33914

Title: CEOD (X) Change ( ) Addition
Name: CHEYNE, ROB
Address: 1616-102 W. CAPE CORAL PKWY , PMB#243
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROB CHEYNE PD 02/03/2005
Electronic Signature of Signing Officer or Director Date