


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 041 ***150.00

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

DOCUMENT # P97000027993 1. Entity Name INTERNATIONAL MARKETING MEDIA & COMMUNICATIONS, INC.		
Principal Place of Business 299 ALHAMBRA CIRCLE 221 CORAL GABLES, FL 33134 US		Mailing Address 299 ALHAMBRA CIRCLE SUITE 221 CORAL GABLES, FL 33134 US
2. Principal Place of Business <i>2222 Ponce de Leon Blvd</i> Suite, Apt. #, etc. <i># 303</i>		3. Mailing Address <i>P. O. Box 347852</i> Suite, Apt. #, etc.
City & State <i>CORAL Gables, FL</i> Zip <i>33134</i>		City & State <i>CORAL Gables, FL</i> Zip <i>33234</i>
4. FEI Number 65-0757977		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLANCO, EDY R 299 ALHAMBRA CIRCLE SUITE 221 CORLA GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>Edy R BLANCO</i> Street Address (P.O. Box Number is Not Acceptable) <i>2222 Ponce de Leon Blvd. #303</i> City <i>CORAL Gables</i> FL Zip Code <i>33134</i>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLANCO, EDY R 299 ALHAMBRA CIRCLE SUITE 221 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MELENDEZ, ALMA R 299 ALHAMBRA CIRCLE SUITE 221 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BLANCO, Edy R <i>2222 Ponce de Leon Blvd. #303</i> <i>CORAL Gables, FL 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALMA R. MELENDEZ <i>2222 Ponce de Leon Blvd. #303</i> <i>CORAL Gables, FL 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Edy R. Blanco</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>04/15/03</i> Daytime Phone # <i>305-446-5101</i>

CR2E034 (10/02)