2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE

May 17, 2004 8:00 am Secretary of State **DOCUMENT # P99000063522** 05-17-2004 90020 021 ***150.00 1. Entity Name SOURCE MEDIA & ADVERTISING INC. Principal Place of Business Mailing Address 13140 ORTEGA LANE 13140 ORTEGA LANE N MIAMI, FL 33181 N MIAMI, FL 33181 24076359 2. Principal Place of Business 3. Mailing Address 7925 nw 12th street 7925 nw 12th street Suite, Apt. #, etc. Suite, Apt. #, etc. 03072003 CR2E034 (10/03) Cha-P suite 407 suite 407 City & State 4. FEI Number Applied For City & State Miami, FL Miami. 65-0980972 FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33126 USA 33126 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Evelyn Chaponick CHAPONICK, EVELYN Street Address (P.O. Box Number is Not Acceptable) 7925 nw 12th street 7925 NW 12TH STREET E **STE 318** MIAMI, FL 33126 Suite 407 City Miami Zip Code 33126 The above named entity submits this state the obligations of registered agent. 8. The above for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE ed name of registered agent and title if app (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD PSTD ☐ Addition TITLE ☐ Delete TITLE **∑** Change Ismael Gonzalez GONZALEZ, ISMAEL NAME 7925 N.W. 12 STREET, STE. 318 7925 nw 12th street suite 407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI S. FL 33126 CITY-ST-ZIP MIami, FL 33126 VD Delete TITLE TITLE ☐ Change ☐ Addition NAME GONZALEZ, MICHAEL 7925 N.W. 12 STREET, STE. 318 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI S, FL 33126 CITY-ST-ZIP TITLE Dalete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ___ 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 any address, with all other like empowered.

FICER OR DIRECTOR

5- Ia ଫା

Date

Daytime Phone #

FILED