2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2002 8:00 AM
Secretary of State

DOCUMENT# F99000001688

Entity Name: ONE TOUCH MEDIA INTERNATIONAL, INC.

Current Principal Place of Business:

11499 MALLARD COURT
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

11499 MALLARD COURT
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-0922400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRMAN, ARLAND E
11499 MALLARD COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CPST	( ) Delete
Name:	HIRMAN, ARLAND E	
Address:	11499 MALLARD CT	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	WOLFF, ROBERT W	
Address:	4138 SOUTH STONY DR NW	
City-St-Zip:	HACKENSACK, MN 56452	
Title:	D	( ) Delete
Name:	WOLFF, ROBERT M	
Address:	14465 FLAX WAY	
City-St-Zip:	APPLE VALLEY, MN 55124	
Title:	D	( ) Delete
Name:	TABAKA, RICHARD J	
Address:	6850 INDIAN TRAIL LANE	
City-St-Zip:	PINE RIVER, MN 56474	
Title:	D	( ) Delete
Name:	DIGIOVANNI, JEROME J	
Address:	2086 STATE HWY 84 SW	
City-St-Zip:	PINE RIVER, MN 56474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ARLAND HIRMAN CPST 02/23/2002

Electronic Signature of Signing Officer or Director Date