


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 012 ***150.00

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

DOCUMENT # P00000050333			
1. Entity Name DESKTOP MEDIA GROUP, INC.			
Principal Place of Business 42505 STARKEY RD., STE. A LARGO, FL 33773		Mailing Address 42505 STARKEY RD., STE. A LARGO, FL 33773	
2. Principal Place of Business 25400 US Hwy 19 N.		3. Mailing Address ← SAME	
Suite, Apt. #, etc. Ste 137		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State	
Zip 33763	Country US	Zip	Country
4. FEI Number 59-3658393		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 ESQUIVEL, JULIO C 101 E KENNEDY BLVD STE 2800 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	PSD LAGAMBA, WILLIAM L 12605 STARKEY ROAD STE A LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD William LaGamba 25400 US Hwy 19 N, Ste 137 Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCD PATRICK, RONALD J 12605 STARKEY ROAD STE A LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCD Ronald J Patrick 25400 US Hwy 19 N, Ste 137 Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANEJA, JUGAL K 12605 STARKEY ROAD STE A LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANEJA, JUGAL K 25400 US Hwy 19 N, Ste 137 Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(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 an address, with all other like empowered.			
SIGNATURE: _____		4/29/03 727-553-0431	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William LaGamba		Daytime Phone #	

CR2E034 (10/02)