2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # P0000056572 1. Entity Name 05-03-2004 91053 004 ***150.00 TOTAL MEDIA COMMUNICATIONS CORPORATION Mailing Address Principal Place of Business 13899 BISCAYNE BLVD 102 13899 BISCAYNE BLVD 102 24065897 MIAMI, FL 33181 MIAMI, FL 33181 3. Mailing Address 2. Principal Place of Business 11077 Biscayne Blvd.#205 11077 Biscayne Blvd#205 Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Miami, FL. Miami, FL. 65-1017487 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired -U-S-A----3 3 1 6 1------U---S---A-Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREDRIC S DURHAM DURHAM, FREDRIC S Street Address (P.O. Box Number is Not Acceptable) 1700 N.E. 105 ST #109 11077 BISCAYNE BLVD #205 MIAMI, FL 33161 City Miami Zip Code 33138 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. SIGNAT' RE-(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Р TITLE Delete ☐ Addition DURHAM, FREDRIC S NAME NAME Durham, Fredric S. 13899 BISCAYNE BLVD. #102 STREET ADDRESS STREET ADDRESS 1700 N.E. 105 St. #109 CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP Miami FL. 33138 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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 ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE 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 eceiver 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.

FILED

Date

Daytime Phone #