


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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90046 044 ***150.00

DOCUMENT # P00000113855
1. Entity Name
305 MEDIA DESIGN, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 S. Biscayne Pt Rd
Suite, Apt. #, etc.

3. Mailing Address
1300 S. Biscayne Pt Rd
Suite, Apt. #, etc.

54028782

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip 33141 Country

Zip 33141 Country

4. FEI Number 65-1061560

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Franke, Dirk

Street Address (P.O. Box Number is Not Acceptable)
1300 S. Biscayne Pt Rd.

City Miami Beach FL Zip Code 33141

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Franke, Dirk 1300 S. Biscayne Pt Rd. Miami beach, FL 33141
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:  4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)