

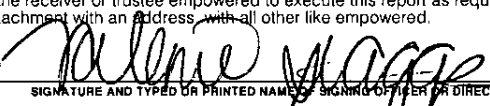


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000005058						
1. Entity Name INTRAMEDIA PRODUCTIONS, INC.						
Principal Place of Business 6107 S DIXIE HWY STE 5 WEST PALM BEACH, FL 33405	Mailing Address 6107 S DIXIE HWY STE 5 WEST PALM BEACH, FL 33405	<div style="margin-bottom: 10px;">FILED 04 AUG 12 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  05072004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 65-1067051</td><td style="padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-1067051	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SERRANO, GENIE E 4606 HOLLY DRIVE WEST PALM BEACH, FL 33418						
DO NOT WRITE IN THIS SPACE						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$550.00¹⁵⁰ Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, GENIE E 6107 S DIXIE HWY STE 5 6107 S. Dixie Hwy WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, JOSE L 6107 S DIXIE HWY STE 5 6107 S. Dixie Hwy WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAGGS, VALERIE 6107 S DIXIE HWY STE 5 6107 S. Dixie Hwy WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="margin-bottom: 10px;">200040360242 08/20/04--01042--003 **150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/26/04 Daytime Phone #: (561) 588-6336				

Valerie Staggs, Vice President